

*Welcome! I look forward to getting to know you and our journey together. This document contains important information about my professional services and business policies. **Please initial** all of the sections indicating that you have read, understood, and agree to the following practice policies for services contract. Please visit my website at **www.julietrosinmft.com** or contact me at (408)718-7405 if you have any questions or for the most current information regarding my professional background, experience, services provided, and more!*

An appointment is a commitment to the work and process, an undertaking that requires consistency, active participation and dedication. When we schedule an appointment, video or phone session, that time is yours and yours alone. The number of sessions needed depends on many factors, including the type of treatment and your goals/needs. I will work collaboratively with you on your treatment needs, based on the information you provide and the specifics of your situation. You have the right to agree or disagree with any recommendations. Your feedback is an important part of this process.

regardless of the reason. [REDACTED] You may leave me a voicemail or a text message which will accurately record the date and time you called. If you are late, for any reason, you may still have the remainder of your scheduled time. You will, however, be required to pay the full fee. You may, at any time, contact me if you would like to schedule an additional phone or video session during the week. I will provide you with days/times available for you to choose from, which are available on a first come, first serve basis.

Counseling fees are set at the time of your first appointment and apply to your initial intake appointment. Each counseling session is typically 50 minutes, unless a 1.5-hour or 2-hour session is requested. The standard fee per individual session is **\$180.00/hr**, unless otherwise approved when making your first appointment. (At the standard fee, a 1.5hr session would be \$270 and a 2hr session would be \$360). **You are fully responsible for all services rendered, including any 24 late-cancellation fees accrued.** Full payment is expected at the time of each session. You may pay with check or money order (made out to “Julie Trosin, LMFT” and mailed to P.O. Box 2133, Rancho Cordova, CA 95741), or credit card processed generally the morning of your appointment using IvyPay which is both secure and HIPAA-compliant.

Are you a Medicare beneficiary? ☐ YES ☐ NO

If you answered YES above, and wish to continue treatment with me, please sign to indicate that you opt-in to **private pay** with me and choose to not use your Medicare benefits for our therapy work together: _____

pg. 1

3. CONFIDENTIALITY: [REDACTED]

Your records and confidential information will not be released to a third party without your written consent or as permitted or required by law. You may complete an *Authorization for the Release of Confidential Information* form that will be kept on file, active for the duration of that treatment episode or if canceled by you in writing. There are several circumstances which are exceptions to keeping confidentiality and legally mandate a report to be made to the proper authorities. Limits to confidentiality include:

A. When a client communicates/infers threat or intent of serious bodily injury to self, to another identifiable person/property, or is actively suicidal, or gravely disabled. This includes if a client is unable/unwilling to keep him/herself safe. This may include calling your specified emergency contact(s) and/or the police department to do a Wellness Check in order to assess and confirm safety and/or seeking hospitalization for the client (or contact safety support persons such as family members or friends who can provide protection).

B. When there is reasonable suspicion of abuse/neglect to a child, elder (60 years or older) or a dependent/disabled adult which has occurred or will occur, I must file a report with the appropriate state agency and/or call the police. Past child abuse is still reportable if the victim is still a minor (under age 18).

1. If, in my role as the treating therapist, I learn of someone who has downloaded, streamed, accessed or viewed through electronic or digital media any material in which a minor is engaged in an obscene/sexual act (ie. child pornography), I must report that to the appropriate authorities. This includes learning of minors involved in "sexting" images/videos. (AB 1775 Melendez)

C. If you (or someone representing you) introduces your mental health or participation in therapy into legal proceedings, your right to privileged communication is automatically waived and I may be court-ordered to testify or release any/all information; This includes when information is required by law or is ordered by the court (judge subpoena) if the judge determines your emotional condition is an important issue relevant to the case.

In order to provide the best quality treatment and care, therapists reserve the right to consult and discuss pertinent clinical, ethical and legal information (without using names or other identifying information) as necessary. The clinical consultant(s) is/are also legally bound to keep the information confidential. Emergency contacts ("safety support persons") are also authorized to be contacted if there are ever any relevant concerns about your safety and/or your ability to keep others safe and I am unable to get ahold of you within 24 hours (ie. if you miss or are unavailable for a scheduled appointment without communication). Please complete:

Emergency Contact	[REDACTED]	Phone#	[REDACTED]	Relationship	[REDACTED]
Alternative Contact	[REDACTED]	Phone#	[REDACTED]	Relationship	[REDACTED]

Client records and clinical notes are the sole property of me and my practice. Any texts/emails are considered a part of the clinical record. Collaterals (visitors to therapy, usually a parent, partner/spouse, or friend) are not considered clients, will not have records kept for him/her or a personal treatment plan. Rather, collaterals may be brought in (only if clinically appropriate and with the client's consent) to aid or support in the therapeutic progress of the client's treatment goals. (See separate *Collateral Informed Consent* form for more information). Therapists will securely maintain client records for seven years following the termination of therapy (for minors, seven years after they turn 18 years old), after which they will be destroyed in a manner that preserves confidentiality. In the event that I become incapacitated or die, it is acknowledged and understood that it will become necessary that another licensed therapist that I have selected clinically manage my file records for safe and confidential keeping, including any duties legally/ethically according to the profession. Any active clients may be notified of this situation and provided possible referrals if appropriate.

Litigation, Court Involvement or Reports: [REDACTED]

The information disclosed by the client and the records created are subject to psychotherapist-client privilege, and will be asserted as such if a therapist is subpoenaed unless instructed by a client in writing to do otherwise. Therapists, unless specifically qualified to, will not voluntarily participate in any litigation, divorce or custody dispute in which client(s) and another individual, or entity, are parties. Therapists have a policy of not communicating with client's attorney and will generally not write or sign letters, reports, declarations, and affidavits to be used in client's legal matter. I am not a custody evaluator and therefore cannot provide

JULIE TROSIN, LMFT, LMFT78612

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recommendations on custody or visitations or write letters to the courts on behalf of either parent/spouse. Therapists will generally not provide records, summaries or testimony unless compelled by a judge (court of law) to do so. If you become involved in legal proceedings that require my participation/time in any way, you will be expected to pay for my professional time even if I am called to testify by the opposing counsel party. Should I be subpoenaed, or ordered by a court of law, to produce records, testify, provide deposition or appear as a witness in any action you are involved in, you agree to reimburse me for any time spent for preparation, records, written summaries, travel, reports or other time/expenses in which I have made myself available for such an appearance/response at the rate of three hundred fifty dollars (\$350) per hour. Each day I am required to appear (or be available to appear) in court will be charged as a full 8 hour day, paid up front, regardless of how much time is spent participating/testifying for that day. This also includes reimbursement for any court date days/times I have made myself available that there is not a full and firm 48 hours cancellation notice. Should there be a need to request records, such a request must be made in writing, and you will be required to reimburse any time necessary to complete requested written treatment summaries prorated at the current standard fee per hour. Note, for couples/families, both/all individuals are my client and I will need the signatures from both/all persons in order to provide a summary report. Therapists also reserve the right to refuse to provide a copy under certain legal or emergency circumstances, or when assessed that releasing such information might be inappropriate, harmful or emotionally damaging in any way. In addition, a federal law, The Patriot Act (2001), requires therapists (and others) in certain circumstances to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

NOTICE TO CLIENTS: (SB 1024) The Board of Behavioral Services receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at www.bbs.ca.gov or by calling (916) 574-7830. My name filed with the Board is Julie Trosin, Licensed Marriage and Family Therapist, License# 78612, Exp 5/2025 (Will be renewed in 3/2025 to expire in 5/2027). If you have any questions about confidentiality, please discuss them during your initial intake appointment.

Telehealth:

My practice currently offers telehealth services exclusively, using phone or Doxy.me video (encrypted and secure) sessions. Please note that legally to be my client, you must physically be in the state of California where I am licensed and clinically appropriate for telehealth outpatient services. For instance, telehealth may not be appropriate for clients who are in severe crisis or need a higher level of care and/or therapeutic containment/safety to best meet their needs. If this is the case, or later becomes apparent during the course of treatment, we can discuss appropriate referrals and resources. I may request to see or get a copy of your ID to confirm CA residence and/or will ask for your current physical location at the time of the session for confirmation. Regarding the risks and benefits, telehealth can improve the frequency, convenience and accessibility of treatment to clients, such as no longer having to commute to an office, greater flexibility of schedule for appointments, and being able to see any provider throughout the state of California or who has a CA license. However, with telehealth there can be fewer guarantees of privacy/confidentiality/limited distractions due to a variety of circumstances as well as transmission/technical difficulties (glitches, video freezing, internet connection, etc.). It is the client's responsibility to find a safe, secure and private location to have their therapy session, meaning no one can hear or see the screen of any part of your session. Recording sessions is not permitted by either party. Because both driving and therapy require one's full attention, any sessions in a car must be in a parked vehicle. A session will be terminated (still charged) and rescheduled for a later time if a client is under the influence of any substance (drugs, alcohol, prescription medication, etc.) and/or not able to constructively participate at the time of their appointment. To indicate that you have read/understood the above and consent to the use of telehealth, please initial:

Electronic Communication Policy:

Though various types of electronic communications are common in our society, it is important to understand and keep in mind that any unencrypted electronic communications such as e-mail, faxes, text messages and

cell phone calls are not always and cannot be guaranteed to be secure. Potential risks may include, but are not limited to; inadvertent sending of an e-mail/text containing confidential information to the wrong recipient, theft or loss of a laptop or mobile device storing confidential information, hacking or interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. I use email and text messaging only at your initiation (considered formal consent) or with your permission, and primarily for logistical purposes such as setting and changing appointments, billing matters or other related issues. They are not an appropriate means of communicating significant and personal therapy-related content, unless we have made another situation-specific agreement. If you need to discuss a clinical matter with me, please contact me to schedule a phone appointment or therapy session. Please note that any/all communications via text or email may be made a part of your therapy clinical record. Finally, I do not communicate with, connect with, or make contact with any of my clients through social media platforms like Twitter, LinkedIn or Facebook, as it may compromise the professional relationship or protecting confidentiality. To further protect your confidentiality, if/when I ever see you in a public setting, please know I will not acknowledge/approach you unless you choose to acknowledge me first.

If you understand the limitations and potential risks of electronic communications, and still prefer and consent to the convenience of email and text/vm communications during treatment, please complete the following:

I give permission for calls/vms/text messages to be left at the following number: _____

I give permission for emails (optional) to be left at the following email address: _____

I have reviewed, understand and have access to a copy of the Notice of Privacy Practices provided on Julie Trosin, LMFT's website, www.julietrosinmft.com, under Intake and Forms. _____

4. MISCELLANEOUS:

a. Unpaid Balances:

Payment is expected in full at the time services are rendered, unless otherwise agreed upon and documented. Any accounts with a past due balance of 60 days or more may be handed over to a collection agency, incurring a \$50.00 processing fee. If your account has a large unpaid balance at any time, unless otherwise discussed, it may be necessary to suspend counseling sessions until the account is paid, to avoid a dual relationship as creditor and therapist or may result in automatic termination of the therapeutic working relationship.

An automatic penalty fee of \$25 will be assessed, in addition to the original check amount, on all checks returned by the bank for *any* reason. Re-payment of the returned check must be made by check or money order only, made out to "Julie Trosin, LMFT." _____

b. Emergencies:

You are free to message me at any time, however, **I cannot be available 24/7 and therefore, am not able to respond to crisis emergencies or any other urgent matters.** I will make every effort to respond within 24 hours or as soon as I am able, generally excluding holidays and weekends. If you leave a message on my confidential voicemail, please be sure to leave your name, number and brief message concerning the nature of your call. Telephone consultations between sessions are available, however, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. There may be a prorated fee for any phone conversations longer than 15 minutes. Texting is *not* an appropriate means of communicating therapy-related context/material and should generally be used only for logistical or scheduling/cancelling purposes. Emergencies are any urgent issues requiring immediate attention, such as suicidal or homicidal thoughts/risk, active relationship violence/threats, being unable to care for your basic needs and safety, or having a severe mental health or medication reaction. In the case of an emergency or safety concern, or if you require immediate medical or psychiatric assistance, please call 911 or go to the nearest emergency room as well as activate your support system. You may also call the Sacramento County Mental Health Crisis Services at (916)875-1000, 24/7 Suicide Prevention at (916)368-3111 or by dialing 988, Sacramento Mobile Crisis Team at (916)874-6057, Sutter Center for Psychiatry at (916)386-3077, ACCESS at

(916)787-8860, Sacramento Warm Lines at (916)366-4668 or text HOME to 741741 (24/7 Crisis Text Line, www.crisistextline.org). If you are in an unsafe relationship, for information/resources, you may also contact (916)920-2952 for WEAVE or (800)799-SAFE (7233) for the National Domestic Violence Hotline. Please familiarize yourself with the emergency facilities/resources near you. [REDACTED]

C. Termination of Therapy:

Therapy is completely voluntary. Therefore, you can discontinue treatment at any time and for any reason. You will still be responsible for paying for any services already received, including any 24hr late-cancellation fees. I also reserve the right to terminate (discontinue) therapy at any time at my discretion. Reasons for such termination might include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, avoiding potential conflicts of interest, failure to participate in therapy, your needs being outside of my scope of practice/expertise, your needs not being or no longer appropriate for outpatient private practice, the lack of consistency, progress or effectiveness in therapy, or if you do not comply with these policies. Upon either of our decisions to discontinue treatment, I can provide other referrals and we may do one or possibly more closing sessions. These sessions would be intended to facilitate a positive termination experience and opportunity to reflect on the work that has been done together, review treatment recommendations and/or support a smooth transition to another therapist or referral as appropriate.

Please note that *any lack of attendance/participation* with or without communication from you regarding your therapy *for 30 days or longer*, unless previously discussed, will be considered a formal termination of treatment, and your therapy case record will be officially closed and our therapeutic relationship discontinued. [REDACTED]

Psychotherapy is an interactive and collaborative growth process between client and therapist. Because of this, open and honest communication is a vital part of the therapeutic process. The initial intake assessment appointment(s) does not necessarily guarantee our working together. Rather, it is for the purpose of assessing symptoms, treatment needs and whether I and my services would be appropriate to best meet your needs.

d. Risks & Benefits of Therapy:

Therapy is intended to deepen awareness so that one can better make healthier choices to bring about change. Often growth cannot occur until we experience and confront issues that at times bring up feelings of sadness, grief, anger, insecurity, fear, anxiety or pain, or transitions in lifestyle or relationships. Sometimes we may learn things about ourselves/others or feel things that are uncomfortable. Psychotherapy provides an opportunity to better, and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress, anxiety, depression, negative thoughts and self-sabotaging behaviors, improved self-awareness and relationships, increased capacity for intimacy, and increased self-confidence. However, while I hope you find out time together beneficial and meaningful, and due to the uniqueness of each client, there is no guarantee that therapy will yield any or all of the benefits listed above or particular outcomes nor can the length of your therapy treatment be predicted. If one of us determines you are not benefiting from treatment, we can discuss treatment alternatives. In most cases, the *process* of psychotherapy brings about positive and meaningful changes in clients' lives.

Therapeutic Relationship/Role: Because of the special nature of therapy and in order to provide the best care and objective treatment, the relationship between client and therapist is a professional one and thus has to be different from most relationships. Interactions in other ways, such as a casual friendship or business partnership, would be considered a "dual relationship" and not ethically appropriate and in some cases may not be legal. Dual relationships can present conflicts of interests. Therefore, therapists cannot attend a client's family gatherings, go out for social outings or coffee, treat their own relatives or friends, employ or barter with clients for services, or treat outside of their scope of practice.

Brainspotting (BSP) and **EMDR** (Eye Movement Desensitization Reprocessing) are forms of neurophysiological trauma treatment that I provide which have been shown to reduce the intensity of emotional and physical triggers from upsetting experiences/memories. As opposed to traditional talk therapy, these modalities target and combine the psychological/emotional and physical aspects of healing. Working through reprocessing such memories can bring up temporary uncomfortable physical/emotional experiences, and processing may continue for several days after a BSP/EMDR session. Clients understand it is their

JULIE TROSIN, LMFT, LMFT78612

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responsibility that if they have any medical/physical/health conditions and concerns, they will address them with me *and* their physician prior to beginning BSP/EMDR/trauma treatment. [REDACTED]

Clients should be aware that any decision on the status and quality of his/her personal relationships is the full responsibility and choice of the individuals and/or client/couple, as well as any lifestyle choices/changes. Successful therapy requires meaningful effort, and that one takes a willing, honest, consistent and active role in his/her own treatment, and work in partnership with the therapist, as most get out of therapy what they are willing to put into it. If you have any questions about your treatment or about treatment options, please let me know. If you have any questions regarding the above informed consent, please ask before signing.

"I have thoroughly read and understand all of the above policies and procedures in their entirety, and I agree to fully comply with them. I further agree that I am personally responsible for all financial obligations incurred. I hereby seek and consent to take part in therapy treatment provided by Julie Trosin, LMFT."

Signature(s): [REDACTED] Date: [REDACTED]
CLIENT'S SIGNATURE

[REDACTED]
PRINT CLIENT'S NAME

Therapist/Witness Signature _____ Date: _____
JULIE TROSIN, LMFT
