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## Client Information

Welcome! I have a lifelong passion for helping others and see psychotherapy as an excellent means of embarking on this endeavor. I also have a great deal of experience working with children but enjoy working with clients from all walks of life. I use a variety of treatment modalities in working with clients, but strive to find the best one for each client. Some of these modalities include CBT, Strength Based, and Client Centered approaches. I look forward to working with you to determine the best course of action to more effectively help you through the difficulties you are facing. In preparation for our first meeting, please complete the attached form, and bring it, along with this consent for evaluation and treatment with you to our first meeting.

This is a handout to my new clients to help orient you to our work together, as well as answer some questions clients often ask about any therapy practice. It contains a lot of information hopefully it will be helpful to you, but some of it might seem overwhelming at this time. It is important that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This handout talks about the following in a general way:

- The goals of therapy and my methods of treatment
- Risks, Benefits, Limitations, and Alternatives to Therapy
- How long therapy might take
- The cost of my services and how I handle money matters
- Other important areas of our relationship
- Office Policies and Procedures
- Confidentiality
- Emergency Services
- Consent to Treatment

## Goals of Therapy and Treatment Methods

Goals for therapy will be set by us together during our sessions through a variety of discussion and planning. An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. As I stated previously, I use a variety of treatment modalities in working with clients, but strive to find the best one for each client. Some of these modalities include CBT, Strength Based, and Client Centered approaches. I look forward to meeting with you so that we can work together to determine the best course of action to more effectively help you through the difficulties you are facing.

## Risks, Benefits, Limitations, and Alternatives to Therapy

As with any powerful treatment, there are some downsides as well as many benefits that come along with therapy. You should consider both when making any treatment decisions. Therapy often feels good. Among other benefits you may experience over time, you may find relief from mental suffering, feel more aware of yourself and others, feel more effective in personal relationships and at work, increase your sense of fulfillment in life, experience enhanced relationships and self-esteem, and find a greater sense of wholeness or well-being, however you define that. I will work with you to create a sense of safety and trust in therapy. Hopefully, this will help you feel involved, because the more you actively participate, the more benefit you'll derive from therapy. Although I do not have the power to make you better, I want to support and empower you to help yourself feel better.

Therapy is a place to explore your thoughts, feelings, and choices in life, which can also feel like hard work. At times, it may involve some discomfort, including remembering and exploring unpleasant events, sensations, and experiences. The process may evoke feelings of sadness, grief, fear, frustration, or other feelings. Hopefully, these feelings will decrease over time.

Sometimes your goals in therapy may result in unanticipated outcomes, such as changes in personal relationships. Any changes you make in your relationships through this process are completely your own choice. Lastly, even with our best efforts, I cannot guarantee that therapy will meet your needs. In that case, I will work with you to find another therapist whose approach might work better for you.

As a Marriage and Family Therapist Intern, I would like you to know that there are limits to the services that I can legally and ethically offer you:

- ☐ I do not give advice on legal matters, medical treatment, nutrition, finances, or any other profession.
- ☐ I do not perform custody evaluations or make custody recommendations to the Court.
- ☐ If you are in therapy with a partner or other family member, I do not generally "keep secrets" between family members, as I believe that may impair your progress in therapy.
- ☐ If you separate from a partner with whom you attend therapy, and one of you wishes to continue therapy with me, this must be mutually-agreed upon by the three of us. If this is not agreed upon, I can refer you to another therapist.

## CONSULTATIONS

If you could benefit from a treatment I cannot provide, I will help you get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medications. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If another professional treats you, I will coordinate my services with them and with your own medical doctor. If, for some reason, treatment does not appear to be beneficial, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if I feel my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

### Length of Therapy

While it is difficult to predict how long your therapy will take, I've generally found that most of my clients begin to experience significant changes within six months to one year. While this may seem like a long time, keep in mind six months of therapy is less than three days' work (approximately 25hrs). Also, keep in mind that therapy is not something you do until all your problems are solved. Therapy is a place where you learn what your work is and then develop the skills and confidence to help you eventually be able to resolve your problems without therapy. When you begin to feel confident about this, you may be nearing the end of your therapy. This is called "termination". You and I will decide together when you've reached this point, and we'll discuss it. Ending therapy should not be done casually. If you wish to stop therapy at any time, I ask that you agree now to meet for at least one session to review our work together. If you would like to take a "time out" from therapy to try it on your own, we should discuss this.

### Fees, Payments, and Billing

My standard fee is \$80 per 55-minute session. In order to maximize our time in session, please have your payment ready. In addition, time that I spend on the telephone with you or others on your behalf is a billable expense after 10 minutes, which is prorated at my regular rate. This also applies to any written statements you request me to write on your behalf.

Third-Party Payors (TPP) (Employee Assistance Programs (EAP), Fee-for-service plans, Managed Care Plans, Victims Assistance, etc.)

You must have authorization from your insurance provider prior to our initial meeting and you are responsible for your co-pay at the start of the service. In the event that your insurance does not reimburse me for your sessions, you are responsible for the payment of my standard fee. At your request I can provide you a "Superbill" receipt, and you may seek reimbursement for any coverage that you may have. If TPP requires a CMS-1500 claim form to be submitted by the provider, then after every batch of six sessions, this office will be able to send such form by your request.

## Accepted Forms of Payment:

Cash, Check (made payable to “Visualize Your Life Counseling” or “VYLC”), Personal checks must have a physical address, along with your driver’s license # and expiration date. For each returned/bad check, a \$25 fee will be applied to your account balance in addition to balance owed. After your check bounces once, you will no longer be allowed to use check as a valid form of payment and instead must use another approved method),

Credit Card is paid at the start of session. (The following credit cards are accepted: Visa, American Express, MasterCard, and Discover.

This form of payment requires the card holder to sign a Credit Card Authorization Form with a photocopy of card holder’s State identification card or driver’s license. The office may have a terminal to swipe the card in the office, and in the event it is not available, I will process the payment after the session), and PayPal: Paid via PayPal to [visualizeyourlife@gmail.com](mailto:visualizeyourlife@gmail.com) in the amount of my standard fee. Note: You must complete billing preferably 24 hours in advance of the service to be received. You may sign up for a PayPal account at [www.paypal.com](http://www.paypal.com).

I appreciate very much the opportunity you’ve provided me to be of service to you. If you have any questions, concerns or suggestions regarding any aspect of my practice, please discuss them with me. I look forward to receiving your comments and will gladly answer your questions. If you are satisfied with my services as we proceed, I would gladly appreciate referrals.

## What to Expect From Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the Board and Behavioral Sciences. In your best interests, the BBS puts limitations on the relationship between a therapist and a client, and I will abide by these. Let me explain these limitations, so you will not think they are personal responses to you. State laws and the rules of the BBS require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this handout. If we meet on the street or socially, I may not say hello, or acknowledge that we know one another. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. Finally, in your best interest, and following the BBS’ standards, I can only be your therapist. I cannot have any other role in your life. I cannot now, or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during or after the course of therapy. I cannot have a business relationship with any of my clients, other than therapy.

## POLICIES AND PROCEDURES

I have outlined my routine policies and procedures for you in the hopes that this will alleviate any misunderstandings or confusion. Please read this form carefully and feel free to address any concerns or ask any questions you may have about these policies and procedures during our first meeting.

## APPOINTMENTS

I work with my clients on a regular, weekly basis. I will make every attempt to give you a standing appointment on the same day from week to week. Occasionally, for certain kinds of problems or during times of crisis, more frequent sessions may be necessary. If, over time, you do not need to see me as often, we can discuss changing the schedule. I will tell you at least a month in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it.

If you are unable to keep an appointment, please give me at least one days' (24hrs) notice and telephone my voicemail number at (916) 538-1058. Please be sure to confirm your next session for the following week, even though you have a standing appointment. If necessary, do this in a follow-up call to my voicemail.

If an appointment is cancelled or missed without 24 hours of notice for any other reason outside an emergency (illness, accident, etc.), you will be charged for the session at my standard rate or if using insurance, the rate in which I am reimbursed by your insurance. This includes "late cancellation" (less than 24 hours notice) and "no show" (no notice prior to beginning of session).

## ABOUT CONFIDENTIALITY

I place a high value upon confidentiality. The following was prepared to clarify the legal and ethical responsibilities regarding this important issue.

## RELEASE OF INFORMATION TO OTHERS

Personal information that you share with me may be entered into your records in written form. Other than me, no one has access to your personal file. In addition, I may not discuss your case with anyone without your written permission, nor tell anyone that you are my client. If you participate in couples or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release that information.

I may request or you may wish me to share information in your record with someone else, such as your physician or another therapist. You will first be consulted and asked to sign a form authorizing transfer of the information. You may wish to very carefully discuss the release of this material before you sign. The form will specify the information that you give me permission to release to the other party and the time period during which the information may be released. You can revoke your permission at any time by simply giving me written notice.

## EXCEPTIONS TO CONFIDENTIALITY

- ☐☐ If you reveal to me active child physical/sexual abuse or neglect, or that someone you know who has behaved abusively in the past is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors.
- ☐☐ If you reveal to me active abuse (i.e. physical, sexual, fiduciary) of a dependent adult (18-64) or an elder (65 and older).
- ☐☐ If you make a serious threat of intention to physically harm another person, I am required by law to warn the intended victim(s) and notify the appropriate law enforcement agencies.
- ☐☐ If you are actively suicidal with the intention of killing yourself.
- ☐☐ If I receive an order from the Court by a judge to provide your treatment records.
- ☐☐ Please note that domestic violence is not reported unless witnessed by a child. However, if you are involved in domestic violence, I encourage you to take safety precautions for you and your family members

## EMERGENCIES and CRISES SERVICES

In the event of an emergency, for example, thinking of or planning to kill yourself or physically harming someone else, being physically abused or threatened, experiencing a panic attack, symptoms of psychosis, or any other situation in which you feel out of control, I expect you to call me immediately, regardless of the hour, day or night.

My work number is 916 - 538 – 1058.

If you feel at high risk, you should immediately call the police at 911 or a crisis line. Please do not delay calling emergency services while you wait for me to call you back! Please do, though, leave your message and a number(s) where I can reach you.

Please do not use e-mail to communicate an emergency or crisis.

SUICIDE and CRISIS LINES 1-800-SUICIDE or 1-800-784-2433 1-800-273-TALK or 1-800-273-8255

OFFICE POLICIES, CONFIDENTIALITY AND CONSENT TO TREATMENT

"I acknowledge that I have read, understand, and been given a personal copy of the therapy handout. I understand the potential risks of therapy, the limitations to therapy services, limits to confidentiality, the fee schedule, my payment responsibilities, cancellation policy, and what to do in an emergency or crisis. I agree to follow these and other perimeters of counseling, as described in the handout."

Client's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature Date: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature Date: \_\_\_\_\_ Date: \_\_\_\_\_

-----If applicable-----

Parent/Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature/Date \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature/Date \_\_\_\_\_ Date: \_\_\_\_\_

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist / Date: \_\_\_\_\_ Date: \_\_\_\_\_

