

## Kathleen Horsey, AMFT # 94467



**Supervised By: Brandi Garner, LMFT LIC # 49045**  
**Mail: 9008 Elk Grove Blvd, Ste #11, Elk Grove, Ca. 95624**  
**Phone: (424) 240-5798**  
**Email: [khorsey.vylc@gmail.com](mailto:khorsey.vylc@gmail.com)**  
**Website: [www.visualizeyourlifecounseling.com](http://www.visualizeyourlifecounseling.com)**

Welcome to Visualize Your Life Counseling Services, where we offer you a safe space to meet you where you are on life's journey and assist you further along the way. My passion is to assist and motivate people to be a healthier, happier version of themselves. I seek to provide a supportive, safe, and trusting therapeutic relationship. It is my job to create a safe place for clients to increase self-awareness, facilitate positive changes, build on strengths, develop effective coping skills and build healthy relationships. My experience includes working with children, teens and adults but I also enjoy working with clients from all walks of life. I use a few different theoretical perspectives when working with clients but strive to find the best theoretical perspective for each client. A few of the theoretical perspectives used are CBT, Reality therapy, and client centered approaches. To prepare for our first meeting I have attached forms that are needed for our first visit. Please read and complete the forms and bring them to our first meeting. I look forward to meeting you. This handout will highlight the following information.

- Goals of therapy and methods of treatment
- Risks, Benefits, Limitations, and Alternatives to Therapy
- Length of Therapy
- Cost of my services/ how I handle money matters
- The Therapeutic Relationship
- Confidentiality
- Emergency Services
- Consent to Treatment

### **Goals of therapy and methods of treatment:**

The goals of your treatment will be set by you and I, during our sessions we will devise, discuss, and plan a strategy. An important part of therapy will include practicing new skills that will be learned in our sessions. You will be asked to practice outside of our meetings and homework will sometimes be provided. These are important parts of personal change. Change will sometimes be easy and quick, but may often times be slow and frustrating. I encourage you not to give up during the difficult times. I will be there to support and assist you. As I stated before, I employ a therapeutic approach that is best tailored to suit the needs of each individual because a "one-size-fits-all" approach is rarely effective.

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

There are always some risks as well as benefits that come with psychotherapy. Consider both when making any treatment decisions. A benefit that you may experience over time may be that you feel some relief from mental suffering, you may also feel more aware of yourself and others, feel more effective in your personal relationships and at work. An increase in your sense of fulfillment in life, experience enhanced relationships and self-esteem, and find a greater sense of wholeness or well-being. I will work with you to create a sense of safety and trust in therapy.

Therapy is a place to explore your thoughts, feelings, and choices in life, which can also feel like hard work. Sometimes it may involve some discomfort, including remembering and exploring unpleasant events, sensations, and experiences. The process may evoke feelings of grief, fear, frustration, or many other feelings. Hopefully, overtime these feelings will decrease. Sometime your goals in therapy may result in unexpected outcomes, such as changes in personal relationships. Any changes you make in your relationship through this process are completely your own choice. In conclusion, I would like to inform you that I cannot guarantee that therapy will meet your needs and that I will work with you to find another therapist whose approach may work for you.

As a Therapist there are limits to the services that I can legally and ethically offer you:

1. I do not give advice on legal matters, medical treatment, nutrition, finances, or any other profession.
2. I do not perform custody evaluations or make custody recommendations to the Court.
3. 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 this may impair your progress in therapy.
4. 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.

### **Length of Therapy**

Keep in mind that it is difficult to determine how long therapy will last. Understand that therapy is not something you do until all your problems are solved. Therapy is where you learn, work and develop the skills and confidence necessary to help you to be able to resolve your problems without the need for therapy. When you begin to feel confident about this, then you will be nearing the end of your therapy. This is called the termination phase where we will decide together when you have reached this point. Ending therapy should not be casual. If you wish to stop therapy at anytime, I would like for us to meet in at least one session to go over our work together before ending therapy. If you would like to take time out from therapy to try on your own then we should discuss it first.

### **Fees, Payments, and Billing**

**My standard fee is \$65 per 50-minute session.** In order to maximize our time in session, please have your payment ready. In addition, time that is spent on the telephone with you or others on your behalf is a billable expense after 10 minutes, which will be prorated at my regular rate. This applies to any written statements you request me to write on your behalf.

### **Third-Party Payors (TPP)**

I am an out of network provider where I am paid directly, I can provide you a “Superbill” that can be sent to your insurance company for reimbursement. 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 will be 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 forms by your request.

## **Accepted Forms of Payment:**

**Cash, Check** (made payable to “Visualize Your Life Counseling” Personal checks must have a physical address, along with your driver’s license# and expiration date. For each returned/bounced 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 a 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.

I appreciate the opportunity that you have provided for me to be of service to you. If you have any questions, concerns, or suggestions regarding any aspect of my practice, please do not hesitate to discuss them with me. I look forward to receiving and answering any concerns or questions that you may have and if you are satisfied with the services that are provided I would appreciate referrals.

## **What to expect from the Therapeutic Relationship**

As a Therapist I will use my best knowledge and skills to assist you. This will include following the best practice standards of the Board and Behavioral Sciences. In the best interest of the clients the BBS has limitations on the relationship between a therapist and a client. State laws and the rules of the BBS requires 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 can explain what those limitations are in the “About Confidentiality” section. If we happen to meet socially or on the street, I may not say hello, or acknowledge that we know each other. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

In the best interest of the client and in following with the guidelines of the BBS standards, I can only be your therapist. I cannot have any other role in your life. I cannot ever be a close friend or socialize with any of my clients. I cannot be a therapist with someone who is already considered a friend. I can never ever 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. I can only be your therapist.

## **Appointments**

Weekly appointments will be made available to you and I will try to give you a standing appointment on the same day and time weekly. However, for certain kinds of problems or during a time of crisis, more or frequent sessions may be necessary. If, overtime you do not need to see me as often, we can discuss changing the schedule. I will inform you of any vacations or times off at least a month in advance and if anytime an emergency arises I will be sure to contact you.

I consider our meetings of great importance and ask that you will to. Please try not to miss any scheduled appointments if at all possible. If you are not able to keep your appointment, please call me at least 24hrs in advance at (424) 240-5798. If an appointment is cancelled or missed without the 24hour notice, 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 cancellations” (less than 24hrs notice) and “no shows”(no notice prior to beginning of session).

## **Confidentiality**

As a Professional, confidentiality is very important to me in my practice. The BBS requires that only under certain circumstances we have the ability to breach confidentiality. Below is further information regarding the legal and ethical responsibility and exceptions of breaching confidentiality.

### **Release of Information to Others**

Personal information that you share with me may be entered into your records in written form. Other than myself and my supervisor, Brandi Garner, no one has access to your personal files. In addition, I may not discuss your case with anyone other than my supervisor 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 abuse (ex. Physical, sexual, fiduciary) of a child, dependent adult (18 or older), or elder (54 and older), 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 make a serious threat of intentions 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 the domestic violence, I encourage you to take safety precautions for you and your family members.
- As an Associate MFT, I am required by law to receive supervision. There may be situations in which I discuss your case with my supervisor during supervision. My work will be reviewed in an effort to ensure that you receive the highest quality of care. Please be assured that I, as well as my supervisor, will maintain your confidentiality. If you have any question regarding confidentiality please discuss them with myself or my supervisor Brandi Garner at (916 585-3034).

## CONSULTATIONS

If you could benefit from a treatment that I am unable to provide, I will assist you in getting the treatment that you need. You have the 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 may 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 treatments are not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will assist you in finding a qualified person and will provide him or her with any information necessary.

## Emergencies and Crisis Services

In an emergency situation for example, thinking or planning on killing oneself 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 (424) 240-5798. **Please, if you feel at high risk, you should immediately call the police at 911 or a crisis line. Please never delay calling emergency services while you wait for me to call you back! Please do leave me a message and a number(s) where I can reach you.** Please do not use e-mail to communicate an emergency or crisis situation.

## SUICIDE and CRISIS LINES

**1-800-SUICIDE or 1-800-784-2433**

**1-800-273-TALK or 1-800-273-8255**

**TLCS Mental health crisis respite center (916) RESPITE or (916) 737-7483**

**Office Policies, Confidentiality And Consent To Treatment**

“I acknowledge that I have read, understand, and been given a personal copy of the therapy information. 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      Client’s Signatures      Date

\_\_\_\_\_  
Client’s Printed Name      Client’s Signatures      Date

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

\_\_\_\_\_  
Legal Guardian’s Printed Name      Legal Guardian’s Signature      Date

\_\_\_\_\_  
Legal Guardian’s Printed Name      Legal Guardian’s Signature      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