

# Karie Klim, LMFT

Licensed Marriage & Family Therapist 101425

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## INFORMED CONSENT & TREATMENT AGREEMENT

**ABOUT THE INFORMED CONSENT & TREATMENT AGREEMENT:** This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

**PRACTICE INFORMATION:** At an appropriate time, your therapist will discuss her professional background with you and provide you with information regarding her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience, and professional orientation. Your therapist is a licensed Marriage and Family Therapist. She has her MA in Psychology from Saybrook University and she is licensed by the Board of Behavioral Sciences of California, License #101425. If you have more questions regarding her training, professional orientation or experience, you are welcome to ask in session. This is an individual therapy practice owned and operated by Karie Klim, LMFT. Although Karie may, from time to time, share office space with other providers, this office space is hers and hers alone, and others are not responsible for the treatment provided by her. While Karie is not responsible for the therapy provided other licensed professionals, if you have questions or concerns, please contact her immediately at (707) 888-0106.

**FEES:** My rate for a 60-minute session is \$150 for individual sessions. I also offer longer sessions if need at a prorated rate. Some clients prefer a longer session of 1 ½ hour, which would calculate to \$225 per session. This is payable at the time of our session. If you have insurance, there is more about it later in this document. My hourly rate applies in any of the following situations where my time is required for court-related processes, report and letter writing, and collateral sessions including parents, care providers, and insurance companies. Fees are evaluated on an annual basis for the business. Should there be a fee increase, you will be given a 60-day notice prior to it taking effect.

**MISSED APPOINTMENTS, CANCELLATIONS, AND LATE ARRIVAL:** Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist by phone at least 48 hrs. in advance of your appointment. If you do not provide your therapist with at least 48 hours' notice in advance, you are responsible for the full payment for the missed session.

Sessions are by appointment only, Tuesdays, Fridays, and Sundays. You agree to have a credit card on file, even for the first appointment, for the event of a no-show or late cancellation. Be sure to inquire if your appointment time needs to be changed to a time that works better. Your appointment time is reserved for you and when you cancel or do not show up you will be charged the value of your appointment (not just a copayment) without 2 business day notice, except in the event of a medical emergency.

**In Case of Emergency:** If it's an emergency, such as a trip to the ER or if you feel you are becoming ill, give me a heads up. Based on my schedule I will then decide if I can reschedule you, plan to cancel, or be a bit more flexible and stay in communication you up until appointment time to decide if we will have the appointment. Other options for providing services are a phone or virtual session.

**Clients with Chronic Illness:** I don't want to get sick. I don't want you coming in sick. BUT... let's be candid about those with chronic illness and access to care. What if you are not feeling well enough to get out of bed the day of your appointment? Please talk with me and we can work out an alternative plan for meeting your needs whether you're feeling well enough be present in person, or whether we will talk on the phone, have a virtual session, or reschedule the appointment for a better time. The more you are able to be in person, the better; but contact is better than no contact. I expect even those with chronic illness to be sensitive to scheduling and communication of needs in a timely manner. Most people are quite sensitive to appointment commitments and communicating changes. This will anticipate a healthy working relationship between you and your therapist. I you to call if you start to get sick that way, I can let you know if I can be flexible with the appointment or if there is a better option. Having a chronic illness does not necessarily mean I will not charge for a missed appointment, but less likely if the

communication took place in a responsible manner and timing. Whatever we need to talk about, I will make be listening for how we can make a win-win and workable solutions.

**Inclement Weather:** Insurance companies don't always reimburse for virtual sessions (but that is changing, and weather would be a great example of a reason why to challenge or appeal), but they also don't reimburse for missed session fees. I understand the issues with weather. I want you and I to be safe. I also want to regularly support your clinical care. I will not charge you for not being able to reach the appointment due to weather. That being said, let's flexibly explore a phone session or virtual session and do the best we can to stay on track or decide together whether it is just fine to skip a week.

**Missed Sessions:** Missed or No-Show sessions will be charged to your credit card on file. Insurance will not pay for missed sessions. Often it does not cover phone or virtual sessions, either, but things are changing; so, if you have insurance, see if this is a covered benefit you may take advantage of in such circumstances. If you are late, I will call you during your session time, usually within the first 10 minutes to assess the situation. If I don't hear back from you, I will call you the following day to see if everything is okay. If I have concerns about your safety, I may contact authorities for a well-check. I will request a check-in to know you are okay. If I do not hear back from you and you miss a series of sessions, I will send a letter acknowledging your absence and letting you know that your chart will be closed. It can be reopened when you decide to come back.

**Arriving late:** Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist by phone at least 48 hrs. in advance of your appointment. If you do not provide your therapist with at least 48 hours' notice in advance, you are responsible for the full payment for the missed session. Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist by phone at least 48 hrs. in advance of your appointment. If you do not provide your therapist with at least 48 hours' notice in advance, you are responsible for the full payment for the missed session. If you are more than 10 minutes late, I will assume you are not coming and may choose to leave the premises and you will be charged in full for a missed appointment. If you arrive more than 30 minutes late and I am here, the session will be abbreviated, and the appointment fee remains at the full rate. I will inform you if I believe that the benefit to the you will be worth the remaining time and either accept or deny proceeding with the session. If you arrive to your sessions late on a regular basis, this is of clinical concern and we will process that together and reassess your needs. If you have insurance, you are responsible for the proportion unbillable time since this is the amount of time that was set aside for you and this is a business. Insurance has benchmarks for payment for length of time of the session, i.e. 16-37 minutes, 38-52 minutes, and anything over 53 minutes. My sessions are 60 minutes.

**Therapist Cancellations, Rescheduling, and Emergencies:** I will notify you 48 hours in advance if for a foreseeable situation comes up that requires it. This is a rare event, but at times therapists are required to attend professional meetings and trainings and occasionally go on vacation. In the event of a life-threatening emergency or a family emergency, I will communicate as soon as it is possible to get in touch with you and let you know of the change and any necessary rescheduling or adjusting. In the event that I am unavailable due to an emergency, I have an emergency plan in place with a qualified therapist who will be able to help you.

**THERAPIST VACATIONS:** Your therapist generally will take off two 2-week time off in the summer and 2 weeks around the Christmas holiday season. You will be given advanced notice of any time that your therapist will be out of the office. A plan will be put in place prior to these times away.

**THERAPY PROCESS:** It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation; your therapist will provide recommendations to you regarding your treatment. We believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist and you will also periodically exchange feedback regarding your progress. Your first session will be an assessment and will allow for time to plan your session frequency. You will be given a regular time slot which will be yours so you can plan in advance and know that you have a steady appointment with your therapist.

**Therapist availability & Client Emergencies:** Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for your therapist at any time on her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Nonurgent phone calls are returned during normal workdays (Tuesday, Friday, and Sunday) within 48 hours. Your therapist is not available to return calls on Mondays, Wednesdays, Thursdays, or Saturdays, or after 8 pm. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call **9-1-1** to request emergency assistance. If you are having a psychological emergency, first contact **Psychological Emergency Services** at (800) 746-8181. You may also go to the **emergency room**. Then, contact me via e-mail and voicemail/text.

**Between Session Contact & Number of Sessions Per Week:** The occasional 10-15-minute phone calls will not be charged for. Longer calls will be charged at the regular rate that we have agreed upon. If the frequency of 10-15-minute calls are more than 1x per week, you will be charged accordingly. If you have insurance and require more time in-between sessions, this could be an indication of a need for more attention than one session per week. Insurance usually does not allow for more than one appointment per week. Often, this can be appealed for given periods of time until containment or crisis stabilization is accomplished. If you require this, I will work with you to make an appeal. If this is denied by insurance, that does not mean you cannot be seen twice a week. It may mean, however, that this is an out-of-pocket session. Many clients have found this useful in the beginning to settle into therapy. Texting or emailing is reserved for scheduling/confirming only.

**Length of Treatment:** Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result. However, this will be discussed at the beginning of your treatment and throughout to ensure you are experiencing a positive outcome.

**Complaints:** If at any time you are not satisfied with your treatment, please discuss this with your therapist in session. If you have a complaint that you would like to report, your therapist is licensed under the California Board of Behavioral Sciences and complaints may be filed by calling (800) 952-5210, email: [DCA@dca.ca.gov](mailto:DCA@dca.ca.gov) or online at <https://www.breeze.ca.gov/datamart/complaint.do?applicationId=1>

**Termination:** The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determine that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

If you are unhappy with any aspect of therapy, please don't just leave – I ask that you talk to me to see if we can work it out. Even if we can't, endings usually feel better this way. Of course, you may end therapy at any time, and I am happy to assist with referrals. It is my ethical duty to provide therapy only when I feel you are actively participating and benefiting from the sessions. I may end treatment if there have been repeated no-shows, late-cancellations, repeated treatment interruptions, or for lack of payment.

**RISKS/BENEFITS & MEASUREMENT OF OUTCOMES:** Therapy is intended to help you develop better coping, increase satisfaction with your life and relationships. You will discuss your expectations for therapy at the first session. Psychotherapy is known to improve moods, relationships and other areas of wellness. During the course of therapy, some of your assumptions, perceptions, or behaviors may be challenged, which can cause you to feel very upset, angry, depressed or disappointed. You may experience some unwanted or surprising feelings that arise through therapy. You are encouraged to explore those feelings during session as it is part of the therapeutic process. In an attempt to resolve issues that originally brought you to therapy, unintended changes in your personal and interpersonal relationships may result. Your therapist will monitor outcomes in session,

tracking to ensure the therapeutic process is beneficial to you and having a positive impact. These assessments may be brief forms that you are asked to complete or may be from a direct conversation with your therapist.

**INSURANCE:** It is essential that you tell me about all possible insurance plans you have that might cover my services (ex. if you have Medicare in addition to a secondary policy, or coverage through your work and a family member's work). I am a provider for Beacon and Partnership HealthPlan (or Medi-Cal) only. Please be aware that I will be required to provide a diagnosis on invoices and claims, and coverage may be limited to certain mental conditions. Even if you have coverage for unlimited sessions, health plans may review treatment, limit coverage, and request treatment notes. While I may check coverage for you, you are responsible for verifying and understanding the limits of your coverage. Although I am happy to assist your efforts in obtaining insurance reimbursement, I am unable to guarantee whether your health plan will provide payment for the services provided.

- **Therapist Insurance Panel Participation Changes:** In the event I am no longer on your panel, you will be given at least a 30-day notice. At that time, we will discuss other options for payment or if a referral to another provider is needed.
- **Changes to Insurance Plan:** If you change insurance companies or no longer are insured, please notify your therapist immediately to develop a plan to move to the cash rate for sessions.
- **Billing:** I am not an insurance provider except to clients with Beacon or Partnership HealthPlan and they must qualify with a current plan and their sessions will be billed directly. For all others with non-HMO plans, a CMS-1500 can be emailed to you at your request for you submit to your insurance company for reimbursement.
- **Private Services Option:** If the therapist is not paneled on your insurance, you may choose to not bill your insurance for services. If your clinician is a contracted provider, there may be specific obligations and requirements set forth by that contract. You can discuss this during your first session.
- **Request for Fee Change or Sliding Scale:** If at some point in your treatment, your financial circumstances change, please notify your therapist to discuss possible referrals.
- **HIPAA:** You will be given a copy of the Notice of Privacy Practices and must sign an Acknowledgement of Receipt that you have duly been informed of the standards of privacy for your protected health information.

**PLEASE SIGN THE FOLLOWING IF USING YOUR INSURANCE OR EMPLOYEE ASSISTANCE PROGRAM**

1. "I authorize the release of any information (Including notes, treatment summaries and diagnosis) necessary to process insurance or EAP claims, to determine medical necessity of treatment, to request additional sessions, or to comply with mandated quality control function or administrative chart reviews from the insurance plan."

(Sign here:) X \_\_\_\_\_

(If applicable, Second Client sign here:) X \_\_\_\_\_

2. "I authorize payment of benefits to be made to **Karie Klim, LMFT** for services provided."

(Sign here:) X \_\_\_\_\_

**CONFIDENTIALITY:** What you say in therapy, your records, and your attendance are all protected and kept confidential. Exceptions include when your records are subpoenaed for legal reasons, when reporting is required or allowed by law (ex.

suspected child abuse or neglect, extreme danger to self, suspected elder abuse, or danger to others), when you give written permission to release information, and other exceptions outlined in my *Notice of Privacy Practices*.

**CONFIDENTIALITY WITH CHILDREN OR TEENS:** Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Clients who minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist. Client attendance, information, and records are protected and confidential. Since openness and trust are essential to effective therapy, it is important that a teen or child feels s/he has privacy to discuss all the issues that are troubling them. While parents have a right to know about their child's progress in therapy, I will limit disclosures to parents to what I feel is in the child's best interest, what the child has given me permission to share, or when there are safety issues. Since the goal is to build trust and minimize secrets, clients will be made aware of any communications with family members. I will make disclosures or reports as required or allowed by law (ex. suspected child abuse or neglect, extreme danger to self, suspected elder abuse, or danger to others), and other instances outlined in my Notice of Privacy Practices.

**RECORD KEEPING:** Currently, your records are in a file and they are kept in a locked file cabinet at all times. My office space is protected by Ring door camera and Bay Alarm security services whenever the office is unoccupied. In the future, it is possible that your records will be maintained in a web-based system. What this means is your records are stored online in a secure, encrypted, HIPAA compliant system that is backed up to ensure records are not lost due to technical problems. This system provides certain benefits to client including online payment, online scheduling, and secure messaging to your therapist. Please ask any questions or report any concerns you have regarding online record keeping. As with any record keeping method, every foreseeable precaution has been taken to protect privacy, but there are no guarantees. You can learn more about the specific safety precautions in place here: Electronic Health Reporter: Electronic Health Technology Views and News. (2018). *What Are HIPAA Compliant Storage Requirements?* Retrieved May 12, 2019 from <https://electronichealthreporter.com/what-are-hipaa-compliant-storage-requirements/>

**REQUEST FOR RECORDS AND FEE:** If you would like a copy of your records or if someone would like a copy of your records please make this request to your therapist. Your therapist may choose to provide a treatment summary if that is in the best interest of the situation. Please be aware that if someone else requires a copy of your records, an Authorization to Receive or Exchange Confidential Information form must be signed and on file in order for me to carry that out.

**E-MAIL/SOCIAL MEDIA:** In general, texting is the quickest way to reach me. I use text messaging to arrange/change appointments. You can also schedule a session at my online calendar at <https://karielim.com/online-booking>. I do not do therapy by e-mail or video. When cancelling, please leave BOTH a voicemail and e-mail/text. Please do not e-mail me information related to your therapy, as e-mail is not completely confidential, and Important issues should be reserved for sessions. Be aware that e-mails between us become part of your legal record. I do not accept friend requests or contact requests from clients on social networking sites (Facebook, LinkedIn, etc.) out of concern for your confidentiality and my privacy. It may also blur the boundaries of our therapy relationship. (Please review and sign the separate handout on Social Media.)

**CELL PHONES:** Please refrain from using cell phones during your session time. Please put your cellphone on silent. If you have concerns about this policy, please discuss with your therapist in session.

**DRUGS & ALCOHOL:** Please refrain from use of drugs or alcohol at least 24 hours prior to session.

**BRINGING FAMILY OR OTHERS:** If you would like to have a family member or other person join your session, please discuss with your therapist to make arrangements.

**CONSENT TO CONTACT:** Please indicate your permission to receive communication from your therapist through the following means:

Check if you agree:	Mode	Contact Information:
<input type="checkbox"/>	Landline	
<input type="checkbox"/>	Cell Phone	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Text	
<input type="checkbox"/>	Regular Mail	Street Address: PO Box: City: State Zip
<input type="checkbox"/>	Emergency Contact	
<input type="checkbox"/>	Other	

**POLICY & PROCESS:** As part of my private practice I may conduct virtual therapy sessions through either internet connection or via telephone when appropriate. Tele mental health is communicating directly with each other where we can see and/or hear one another and is not in person face to face sessions. Tele mental health is not reimbursed by most third-party payors- check with your insurance in advance if you plan to pursue reimbursement. As you will not be present in my office during your session please be aware of your own confidential space in which you chose to connect with me. I utilize industry best practices and third-party services that align with HIPAA standards for telehealth to ensure both client confidentiality interaction and the security of the communication medium. I cannot control the quality of the connection which can sometimes be choppy or delayed, in these instances we can discuss whether to continue the session by phone. A hard-wired internet connection will provide the best picture and voice quality. If you are using a hot spot instead of WIFI to connect to the session please be aware of increased data usage, in such instances we can discuss whether it best to conduct the session by phone. As I will be working with you remotely and will not be able to provide services to you in an emergency, I encourage you to note the contact information of helpful resources and emergency services located in this informed consent.

**TELEHEALTH SESSIONS:** At the beginning of each telehealth session I will i) verbally obtain your name and address of present location; ii) continue to assess and check in with you on the appropriateness of this mode of therapy for you at this time and discuss alternative referrals if necessary.

**REFERRALS/GROUP:** A referral to another provider may become necessary if it becomes clear in my opinion that your issues would be better treated by a professional with different expertise. It is unethical for me to practice beyond the level of my competence, education, training, or experience. I am not responsible for the care received from professionals to whom I refer you. Agreements made between you and I do not involve other professionals in the office suite, who each operate independent solo practices, and are not part of a group.

**CLIENT RIGHTS:** A list of your client rights is posted in the office. You have the right to ask any questions about your treatment or refuse to participate in treatment at any time. This office does not discriminate in the delivery of health care services based on race, ethnicity, national origin, citizenship or immigration status, religion, gender, gender identity, age, mental/physical disability, medical condition or history, sexual orientation, evidence of insurability, or payment source.

By signing below, you acknowledge you have read this Agreement, and you acknowledge receipt of my *Notices of Privacy Practices*. My *Notice of Privacy Practices* provides information about how I may use and disclose your private health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change. If I change my Notice, I will give you a revised Notice. If you have left treatment, you may obtain the revised notice from me at the above address and phone number.

If you have any questions about the Notice, or any of the above, please feel free to ask.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature Printed Name Date

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Signature, second client (if applicable) Printed Name, second client (if applicable) Date