

Office Policies, Privacy, and General Information

This form provides information about the therapy process, applicable laws, how I proceed, and what to expect in our work together.

Please read this entire form carefully, and please discuss with me if you have any questions or concerns.

THERAPY AND WHAT TO EXPECT:

Your participation in psychotherapy can result in many benefits to you, including resolution of the concerns which prompted you to seek therapy. It's not uncommon for other issues to arise, that were not initially expected at the outset of therapy. You may receive benefits additional to those which brought you here, and/or changes that were not originally intended. On the other hand, therapy—like nearly everything else in life—is not able to offer any guarantees regarding the results. It is my experience, belief and opinion that participation in therapy is likely to facilitate positive change if the person is ready, honest, and an active participant. However, your feelings about the efficacy and usefulness of therapy will be something that you will need to evaluate for yourself on an ongoing basis.

In order for the therapy process to be effective, it requires you to be a very actively involved participant. It requires openness, honesty, and the willingness to take some risks. It requires you to search for and experience your feelings. It requires consistent attendance of therapy sessions. It requires you to be an active partner, indeed leader, in your journey to greater wellness; and therapy may not be the only vehicle on this journey.

During the therapy process, you may experience strong emotions, including sadness, fear, and anger. Although it's my role to help you learn to manage and balance these experiences, the emotions and the therapy process may be uncomfortable at times. I am likely to challenge you regarding some of your old or habitual ways of seeing or doing things. You may find that you need to step out of your “comfort zone” in order to achieve the results you desire. This is all part of the change process. Change and symptom reduction is sometimes frustrating in its slowness; sometimes it is rapid.

Therapy works in part because we humans are “herd animals”. We are not solitary creatures by nature; and our nervous systems are in large part regulated by means of interpersonal contact. I've heard it said many times that one can't heal interpersonal wounds in isolation; they must be dealt with interpersonally. As we get to know each other over time, our developing therapeutic relationship will help us work together towards your feeling relief, support, hope, and other positive experiences.

You also need to have a **current physical exam** and lab work done before (or shortly after) starting therapy, to assess for physical contributors to your emotional and relational states. You also must continue regular follow up with your physician. This is in order to ensure you are in good health and there are no health conditions interfering with your therapy progress.

Client initials: _____

HOW I WORK:

I have worked in the helping professions since 1988, and have been a licensed psychotherapist (Licensed Clinical Social worker, or L.C.S.W.) since 2003. Since I am licensed as a psychotherapist, *nothing I say can be taken or interpreted as any other kind of professional advice*. For example, I can not give legal or medical advice; and it is important that you do not take anything I say as such.

I have training and experience in many therapeutic modalities, including humanistic, behavioral, cognitive-behavioral, psychodynamic, Ecopsychology, and Twelve Step approaches. My primary clinical modality is Somatic Experiencing (SE).

SE is a therapeutic modality that actively works with thinking, emotions and also the physical body. The goal of Somatic Experiencing is to assist the client in learning how to **self-regulate**. Self-regulation refers to your nervous system being increasingly calm, flexible, stable, and resilient. On the other hand, failure to self-regulate often produces symptoms such as anxiety, depression, dissociation, compulsive behaviors, relational problems, unpleasant moods, etc. A person who is well self-regulated is usually able to be consistently present and open without exerting extra effort. For more information on SE, please see traumahealing.org, and/or “In An Unspoken Voice,” by Dr. Peter Levine.

One of the primary focuses of SE work is to help the client integrate their thoughts, emotions and the experiences of their physical body. So, I will frequently (and gently, if possible) interrupt a client and inquire about what they notice in their current-moment experience and/or physical body. I may ask you to notice whether you sense any physical movements wanting to happen, and if so, to follow them (safely) in imagination or actuality. You may be up and moving around, not only seated, during an SE session. It is important to me to hear what you have to say, and I want to be respectful of your stories and life experiences. However, I want you to become able to say it without falling into old emotional and somatic patterns that aren't helpful. With time and guidance, this method can result in the client being able to have and discuss experiences with a great reduction in underlying distress.

Client initials: _____

I am trained in the use of touch in somatic therapy, although I often work without using physical touch between client and therapist. The developer and teacher of this method is Kathy Kain, www.somaticpractice.net. Dr. Aline LaPierre created the term neuroaffective touch: helping regulate the nervous system and emotions via the use of therapeutic touch. This form of treatment is particularly good at working with emotions and other symptoms from infancy and childhood, from before the person developed speech and explicit memory.

Therapeutic touch (if it's being used) involves contact from the practitioner, usually from their hand; it does not involve any tissue manipulation. Another form of therapeutic touch involves the therapist guiding the client in self-support, that is, the client is contacting their own physical body with their own hand(s). Therapeutic touch is not a substitute for medical treatment and can't treat medical conditions. Its purpose is to support the regulation of the autonomic nervous system and somatic stress response. It is vital to know that therapy, including therapeutic touch, **never** includes sex, nor does it ever lead to

sexual contact later. Nor does it include the removal of clothing (except possibly outer clothing such as jackets, scarves, etc.) Furthermore, the client is completely in charge of whether or not to accept touch; and if so, where, and for how long they are touched. The client's consent may change from moment to moment; it is OK to accept therapeutic touch in one moment and to state that you want it to stop in the next moment. It is vital to communicate to the therapist if the touch doesn't feel right or you want it to stop. Touch is always optional, and of course, therapy can be very effective with or without touch.

I am also trained in EMDR (Eye Movement Desensitization Reprocessing). EMDR uses bilateral stimulation to bring up and reprocess trauma stored in neural networks. All trauma therapy modalities involves the risk of unintentionally bringing up more traumatic material or activation than was intended, and EMDR is no exception to that. Both EMDR and Somatic Experiencing involve substantial training in how to avoid traumatic flooding, or stop it if it's already occurring. As with any therapeutic modality, it is the client's choice whether or not to use (or continue using) EMDR.

Please let me know if you don't understand something I'm doing, or it doesn't feel right. This is true for any aspect of our work together. With the exception of when I am legally mandated to take certain actions, you always have the right to understand what we are doing and why. You have the right to choose whether or not to do it, or to what extent you wish to engage in it.

Client initials: _____

SCHEDULING:

Therapy sessions are typically scheduled once per week. For people with more prominent symptoms, we may decide to schedule two sessions per week if I have availability in my schedule, until symptoms begin to lessen. Clients needing more frequent therapeutic contact than I'm able to offer, may need to consider a higher level of care, in which case we would discuss options for that. For clients who have low-level symptoms and/or have experienced considerable progress in the course of therapy, we would usually start to taper off the frequency of sessions: every two to three weeks, once a month, or less frequently.

Since scheduling a session with me involves me reserving that time for you, I require 24 hours' notice if you are going to cancel a session. If you need to cancel but unable to give me 24 hours' notice, *you are responsible for paying the entire cost of the therapy session*. For further details, please see below. For cancellation of a session scheduled on a Monday, please cancel **before noon on the previous Saturday**, in order to avoid a late cancelation charge.

Client initials: _____

It's also important to note that I tend to travel several times per year, often for trainings or other conferences. This helps me continue developing my learning and skill set, which I then bring back to my practice. When I serve as a teaching assistant for an SE training, my Mondays are usually impacted by the training schedule. If I'm traveling and can not be reached by cell phone, I will usually have colleagues' contact information on my outgoing voicemail. Please be aware I may not be able to

receive text messages if I'm out of cell phone range.

IN PERSON MEETINGS:

If you have or contract any communicable disease, including but not limited to COVID-19, please notify me before coming in for session! This includes contagious skin conditions or any insect infestations at home. We may need to reschedule or make other arrangements (including telehealth) until such time as the condition isn't communicable to myself or other clients.

Due to the impacts of COVID-19, I have adopted precautions for my office space. These precautions may change as the public health effects of the pandemic continue to evolve. My most current precautions can be found on my website, somaticwise.net, and on the COVID-19 consent form.

Client initials: _____

BETWEEN SESSIONS:

For routine scheduling, billing or payment questions, etc., please contact me between the hours of M-Thurs, 10AM-9PM. I usually do not respond to routine business matters after 9PM or on weekends.

If you experience a crisis or need support between sessions, please do feel free to contact me. I usually have my cell phone with me, and I will get back to you as soon as I can. On many occasions I won't be available immediately, due to being in session, driving, out of town for my other professional responsibilities, etc. Please understand that my only phone is a cellular phone, and I am not in control of whether or not I have cell coverage available at any given time. I am usually in cell phone range, but this may change without notice to either me or you. It's also important to understand that I am not an emergency response professional.

In case of any life-threatening emergency, it is your responsibility to call 9-1-1 and/or go to your nearest emergency room, and/or take whatever measures necessary to maintain the safety of yourself and others. This is very important. **Coming to therapy means that you and I have both made a commitment to work together towards your health and well-being.** As a client of mental health services, it is your responsibility to get yourself help in a crisis or emergency situation, and to continue to pursue such assistance until you receive it.

The suicide prevention hotline can be reached by dialing (800)273-TALK (8255)

Referrals to other resources such as food, clothing, shelter, and more, are available 24/7 by calling the Los Angeles County resource line (dial 211).

TECHNOLOGY:

These days, many people like to communicate via text message and/or email. **Text messaging and email are inherently not particularly secure forms of communication** for a number of technical and logistical reasons. Also, cell phones are frequently lost or stolen; and computers are also occasionally stolen. Additionally, I have no control over whether someone else reads a text message or email that I

have sent to you.

Still, many people communicate by text and email on a routine basis, and it is fine to do so with me so long as you are aware of and accept these inherent risks as a part of communication in that medium. For the above-mentioned privacy reasons, I prefer to use an app called Signal (www.signal.org) and will ask that you consider using it to contact me between sessions. Signal encrypts messages and does not store them on their servers. It is also fine to email me. I have set up my email (andrea@somaticwise.net) to be as secure as possible. The encryption and storage services I use are in compliance with HIPAA privacy standards.

Please note that I can text for scheduling purposes, or to provide brief support or follow up, but I do not conduct therapy via text message. You should also be aware that I may not be able to answer texts rapidly if I am in session, otherwise engaged or outside of cell phone range. **Please notify me if you decide that you would like to limit or eliminate texting and or email in your communication with me.** Please also be aware that if you initiate a text message to me, I will consider that your consent for texting, and I may reply to your text message.

I do **not** consent to the recording of our sessions or other conversations, unless we have specifically discussed it beforehand and made arrangements that we both agree to. It is illegal in the state of California to record conversations without the consent of both parties.

TELEHEALTH:

I offer telehealth sessions via a secure, HIPAA compliant telehealth provider. You are free to request any combination of telehealth and or in person sessions. Here are some important things to understand about telehealth:

- * Telehealth can be used on many different devices that have internet and or cellular connection (computers, cell phones, tablets, etc).
- * At times, telehealth may be logistically more convenient, or sometimes the only feasible way to meet. (e.g. if you or I are ill, or unable to be in the same place at the same time).
- * It's my experience that telehealth sessions can be surprisingly effective, even in somatic therapy work. In my experience and opinion, meeting in person tends to be faster and more effective. This is in part because there are fewer interpersonal signals (body language, etc.) available over telehealth.
- * It's the client's responsibility to ensure that they are in a safe and private location, and that no one else can see or overhear any part of the session.
- * Telehealth sessions are often interrupted by bandwidth (signal strength) issues. It's helpful to be aware of this in advance.
- * Due to licensing laws, I am *only* able to work with you if you are physically located in the state of California at the time of the session. This applies to telephone sessions as well. At the time of the session, you will need to provide me with your exact location, for legal and safety reasons.
- * I am not able to begin or continue with a session if you are driving, or inside of a moving vehicle.
- * If you intend to participate in telehealth with me, please download, read, and fill out the telehealth consent form from my website.

Client initials: _____

PAYMENT/NO SURPRISES

My standard session fee is \$150.00 per session and is subject to periodic increase. I do sometimes offer a reduced fee for people who are not able to afford my full fee. The availability of this arrangement depends upon several factors, including how many of my other clients are currently using it, and my clinical judgement. There may be other factors affecting whether or not I'm able to reduce my fee at the time. If I offer you a reduced fee, we will review our fee agreement approximately every 6-12 months, and I may request that you increase your payment as you are able to do so.

The expected total cost of therapy varies significantly between individual clients. This is because different patterns and conditions require differing amounts of time to treat. One general guideline is that the earlier the person's nervous system and body experienced overwhelming events, the more time in therapy will be needed to reduce or eliminate symptoms. In somatic psychotherapy, we often work with the body (implicit memory) imprint of events that happened even before the person developed language or conscious memory. Other factors influencing the duration of therapy include the client's current age, and readiness to approach challenging internal/external experiences. Human beings are extremely complex creatures. As such, it is impossible to predict the huge variety of factors that create resilience or symptoms in any individual person. This is true even when two people both qualify for the very same diagnosis. Sometimes, there is no way to know the extent of the client's dysregulation until we work together for a while. A successful course of therapy may last six months to many years.

My recommendations for the duration of treatment, and the frequency of sessions, are determined by the outcomes we are seeing. We are aiming for reduction in symptoms, including/especially your subjective distress, and how well you are functioning in the world. We are also looking for progress in the goals you named when you first came into treatment. We will be checking in about your progress and satisfaction (or lack thereof) frequently as our work progresses. *I greatly encourage you to speak with me about cost, progress, and anything else, whenever you have any questions or concerns.*

A new law, the "No Surprises Act," goes into effect in January 2022. As of the time I'm writing this, the law is brand new and there seems to be much confusion about how it will apply to private practice psychotherapy. I will provide you with a Good Faith Estimate (GFEs) of the expected financial cost of treatment, in accordance with the current legal requirements as I understand them. GFEs are estimates, not contracts. They do not require you to proceed, and the actual total expenditure may vary.

Here is one typical example of the annual financial cost of therapy: A client attending weekly therapy sessions may attend 45 sessions per year (considering your/my vacations, health related cancelations, scheduling errors, and holidays). At my current fee of \$150/session, that would cost \$6,750 per year.

In my professional and personal experience, when exploring the cost of therapy, it's also important to consider the potential costs of *not* engaging in therapy and/or other attempts to heal. Such costs (financial and otherwise) can potentially include: reduced efficiency/functioning in life, repeated emotional distress caused by symptoms, being unable to feel fully present, disruption in personal relationships, and even stress related medical costs.

Client Initials: _____

Late cancellation:

If you won't be able to attend your appointment, please notify me as soon as possible. If it is less than 24 hours before the time of your scheduled session, you are responsible for paying me the entire cost of the session. I will often try to reschedule your session for later in the same week at no additional cost to you, but due to my frequently changing schedule, I am not always able to offer this courtesy.

Client Initials: _____

INSURANCE

I have terminated my insurance contracts, meaning that I **do not** offer services as an in-network provider. If you have a preferred provider agreement (PPO) with your insurance (**not** an HMO) and you choose to submit a claim to your insurance, you may be recompensated under out-of-network benefits. In that case, you would be responsible for paying me at the time of the visit, and your insurance company would reimburse you directly.

If your issue is one that may qualify for insurance reimbursement, and if you choose to use health insurance to cover any portion of the cost of your therapy services, then you should be aware of the potential risks of doing so. Once your information (which would include a mental health diagnosis) is submitted to the insurance company, I no longer have any control over it, including whether/for how long it is subject to redisclosure, and/or any potential impacts of others receiving it.

Client initials: _____

CONFIDENTIALITY

All information discussed with me in session, and all written records pertaining to those sessions are confidential, and may not be revealed to anyone else without your written permission, except where disclosure is required by law.

In my office, I have attempted to protect your privacy by means of a closed door, additional soundproofing paneling mounted on my walls, and informal testing of the soundproofing. Nonetheless, I can not guarantee your privacy in the event of raised voices or loud speaking. During a telehealth session, clients should ensure that our conversation will not be overheard by any third parties.

I am a therapy provider who is not subject to the Federal Health Insurance Portability and Accountability Act (HIPAA). This is because I do not engage in electronic billing (e.g., billing insurance companies or other entities electronically). Nonetheless, I do attempt to follow similar practices, in order to maintain optimum privacy standards.

If you have previously participated in mental health treatment, I may request that you sign a release of information for me to speak with your former therapist and/or obtain your old treatment records. This coordination of care is standard procedure. It helps ensure that I have all the available information I need to treat your condition most effectively. Similarly, I may also request your consent to communicate with any other treating professionals such as physicians and other health care

practitioners.

In an effort to ensure a high quality of therapeutic care, I periodically engage in confidential consultation with other professionals, regarding various aspects of treatment. This is standard practice among therapists. Details are minimized, altered or eliminated to help ensure privacy.

I do *not* interject myself into clients' legal matters, nor interact with attorneys or write opinions for legal purposes. If you initiate or participate in a lawsuit, your mental health condition may become a factor in the legal proceedings, whether or not you agree to this. In this case, I may be legally required to share your therapy records, and/or be called upon for deposition or testimony. Please be aware that I have a separate fee schedule for legal matters, and that my participation in legal matters falls outside of most insurance coverage. If I am summoned to be deposed or testify on your behalf, you are responsible for paying the entire cost of my time, at my customary rates, including transportation and parking.

Client initials: _____

Breaking your Confidentiality:

I make every attempt to maintain your confidentiality. However there are some occasions upon which I am legally mandated to break it.

- Reporting child abuse: If I become aware of any indication of child abuse, to your child *or any child* I am aware of, I am legally mandated to report it. In this process I may or may not be required to notify the reporting agency of your being a client of mine; and the agency may contact you. An exception to this is if the alleged victim is currently over 18 years old, **unless** there is the concern that the alleged abuser may be abusing other children.
- Child abuse includes physical, sexual, and emotional abuse as well as neglect.
- Domestic violence is reportable as child abuse if children are potentially exposed to it.
- Reporting elder/dependent adult abuse: If I become aware of any indication of the abuse of an elderly person (65 years old or older) or disabled adult, I am legally mandated to report it. This includes physical or sexual abuse, emotional abuse, neglect, fiduciary (financial) abuse, isolation, abduction, and/or mental suffering inflicted upon the elder by another person or persons. In this process I may or may not be required to notify the reporting agency of your being a client of mine.
- Danger to Others: If I become aware that you pose a significant risk of killing, attacking or physically harming another person or persons, and/or inflicting other serious damage, I am legally mandated to warn the police and the intended victim(s).
- Grave Disability: If you are seriously mentally ill, disoriented, and/or unable to provide for your basic food, clothing, and shelter needs, I may be required to break your confidentiality in order to arrange services for your basic safety.
- Suicide: In cases where I become aware or believe that you are actively suicidal, or are unable to guarantee that you will not attempt suicidal action, I will notify the police, psychiatric emergency team, your partner and/or family, or any other precautions I feel I need to take in order to preserve your safety.

Client initials: _____

Contact outside of session:

I am a resident of Long Beach and am often visible around the community. I do not usually acknowledge or greet clients when I run into them in the community. This is standard procedure, to preserve your privacy. You are welcome to greet me (or not) if you'd like, or acknowledge (or not) that you are my client. This is because you, not I, hold the privilege (choice) of your confidentiality. If we encounter each other in the community, it's OK to talk with me briefly if I am able at the moment. However, I am not able to socialize for longer periods of time. (This is not personal; it's due to the legal and ethical standards I am expected to uphold.)

In order to maintain appropriate therapeutic boundaries, I am not able to accept social networking requests from clients.

TERMINATION (when therapy ends):

Although it is generally my wish and intent to maintain therapeutic relationship with a client until such time as they are satisfied or no longer need therapy, sometimes this is not possible or recommended. If at any time I feel that you are presenting with symptoms that are outside of my scope of practice or competency, or which I am unable to treat successfully, I may refer you to one or more other professionals. If you are not progressing sufficiently in therapy, we may discuss a referral to another mental health practitioner, which may mean that we would need to terminate our therapy. It is usually not advisable to enter into therapy with more than one therapist at a time. There are a few specific exceptions that must be discussed with me, and with the other therapist. This also may result in my terminating our work together. If you are or become consistently uncooperative with my treatment recommendations, I may also choose to terminate treatment after discussion with you. This is because it isn't ethical to continue treatment when there isn't likelihood of benefit.

I may also terminate treatment with you if I learn that there is a conflict of interest which prevents me from functioning effectively as your therapist. This may be related to one or more relationships in my personal life, intersecting with yours. Or, it could refer to you having a close relationship with one of my other clients. If this occurs, I would try to provide you with at least a general explanation as to why I could no longer serve as your therapist, although I may not be able to go into detail for reasons of confidentiality.

You have the right to terminate therapy services at any time, for any reason. It is standard practice and usually quite valuable to discuss your termination with me rather than just disappearing. Many times, talking about the end of therapy is helpful and relieving for the client. For that reason, I request and strongly recommend that we discuss any decision to stop therapy with me.

Client Initials: _____

If you fail to appear for a scheduled appointment and/or do not follow up in making an appointment with me, I am unable to provide effective treatment. If we have not met recently or regularly, and you have not responded to my attempts to contact you, I will consider your therapy case closed and that you are no longer in treatment with me. In this case I may call, text and/or send a letter to your home as a courtesy, to notify you that your therapy case is closed and I am no longer your therapist. As is the case with the majority of your journey to healing, the final responsibility for the continuity of your therapy treatment lies with you.

Your signature on this form indicates that you have read and agree to all of the above, and that you consent to be in psychotherapeutic treatment with me, Andrea Bell, LCSW. Furthermore, that you agree to discuss and attempts to resolve any issues, concerns or disagreements with me as they may arise.

Client Signature

Print Client's Name

Date