



Janet Muehe-Hayward

LCSW #23749

9067 Foothills Blv. suite #1

Roseville CA 95747

Treatment Contract

By **initialing each line below** you are agreeing to the terms and conditions set forth in each of the following sections.

INFORMED CONSENT FOR COUNSELING

- As a client, you need to be informed of certain key aspects involving all counseling situations. Counseling attempts to teach you alternative ways of coping with problems in living. As such, no guarantee exists that you will automatically feel better from coming to counseling. I provide the following information and ask that you read it carefully, discuss it with me and ask any questions that you may have. Please sign, acknowledging that you understand this information and give voluntary consent to participate in therapy.

If the client is a minor child, I understand that as the parent / legal guardian, I will be advised regarding the client's welfare during the course of counseling.

CLIENT RIGHTS AND RESPONSIBILITIES

As a Client of Art With Purpose, Janet Muehe-Hayward LCSW you have the right to:

- Receive counseling services without regard to race, religion, sex, national origin, sexual orientation, age or disability.
 - Be treated with dignity and respect at all times.
 - Be accepted for counseling only if the professional staff feels they can meet your needs.
 - Be referred appropriately when/if Janet Muehe-Hayward feels she not able to meet your needs in a reasonable and timely manner.
 - Participate in the development of an individualized treatment plan including goal setting, treatment methods and duration of counseling.
 - Participate in periodic review of the Treatment Plan.
 - Be informed of the cost of the services and receive appropriate care regardless of the source(s) of payment.
 - Confidentiality of information as prescribed by law.
 - Voice a grievance or complaint about treatment without fear of reprisal or discrimination, and have the grievance investigated. The grievance procedure is:
 - Discuss the concern with your therapist.
- Failing resolution, you agree to follow the protocol set as indicted in the Office Policies and Informed Consent under the title of **Disputes**

CLIENT RESPONSIBILITIES including NO-SHOW/LATE CANCEL POLICY

- Participate actively in the counseling process.
- Notify therapist as soon as possible if any schedule needs to be changed or canceled.
- Give 24 hour notice if, for any reason, an appointment cannot be kept.
- If 24 hour notice is not given the following will occur
 - a. 1st incident a reminder of the no show/cancelation policy will be given in writing with a request that client/responsible party sign indicating their awareness of the policy.
 - b. 2nd incident Client/responsible party will be billed for the session at the “lesser of either the insurance rate or \$80 per”, regardless of any sliding scale or reduced rate which had previously been agreed too.

- c. 3rd incident, client/responsible party will be charged \$120 for the missed session.
- d. 4th incident, client/responsible party may be referred to another provider, therapist or agency to complete their treatment

POLICY FOR 'PRIME TIME' SESSIONS

As a solo private therapist, there are certain times of each day which are considered "prime time". These typically include the hours when kids are out of school and adults are finishing their work days. Since I only have 10 to 12 of these slots available in any given week, it is important for those scheduled for sessions during prime time to be committed to their treatment plan and willing/able to consistently attend as scheduled.

- If you require sessions between the hours of 3:00 pm and 7:00 pm Monday through Friday you are requesting a "prime time" slot. Therefore I ask that you agree to the following conditions.
- Arrive on-time and ready for each session.
- If you must re-schedule give me at least one weeks notices. (in case of illness or emergency the late cancel policy above will apply)
- If you re-schedule 3 times within a six month period you may be asked to move into a non-prime time slot.

FEE AGREEMENT

I acknowledge that the full fee for therapy sessions are as follows.

Individual Session	\$120.00	or _____	as agreed upon for _____ sessions.
Family Session	\$120.00	or _____	as agreed upon for _____ sessions
Group Session	\$ 50.00	or _____	as agreed upon for _____ sessions.

I agree that payment in full (including co-pays) is due at each session and further session(s) will not occur until payment for previous sessions is paid in full.

- Fees are per 53 minute session unless otherwise noted.
- Sessions that last more than 53 minutes will be billed at the pro-rated amount of \$22.50 per 10 minutes, unless other arrangements have been made in advance.
- I authorize the release of any information necessary to process claims for services rendered to me by Janet Muehe-Hayward.
- I agree payment is the sole responsibility to client/responsible party and therefore if the insurance company does not pay or there is a break in insurance coverage for any reason the client/responsible party will be held responsible for the payment.
- If payment is to be split between two parties full payment is required prior to each session even if one of the parties is not present at the time of the service.
- If payment is not made at the time of service, for any reason all follow up sessions, even those which are pre-scheduled may be taken off the calendar until payment in full has been received.

LIMITATIONS TO CONFIDENTIALITY

- If I have cause or believe that you are likely to harm yourself, I may take action necessary to protect your safety. This may include contacting one of your family members, law enforcement officers or a crisis unit.
- If I have cause to believe you are likely to harm another person, I may act as necessary to protect their safety by contacting the individual that has been threatened, law enforcement or a crisis unit.
- If I have cause to believe a child has been, or may be abused or neglected, I am required by law to make a report to the appropriate state agency (Child Protective Services).
- If I have cause to believe an elderly or disabled person has been or may be abused, neglected, or subject to financial exploitation, I am required by law to make a report to the appropriate state agency (Adult Protective Services).
- Information disclosed about a person from whom you sought counseling (past therapist) behaving toward you in a sexually inappropriate manner must be reported to the Board of Behavioral Sciences (your identity may remain anonymous at your request).
- If your records are requested by a valid subpoena or court order, I must respond.

- If you are a minor (under the age of 18) I am required by law to disclose certain information related to your treatment, to your parent or guardian.

CONSULTATION

By initialing above, I authorize Janet Muehe-Hayward to obtain consultation as she feels appropriate, during which I may discuss information about your presenting issues, history, response to treatment, goals for therapy and other pertinent details with a qualified mental health professional. When doing so I will do my best to not reveal details such as your name, address or other identifying information. Such consultations are considered normal and customary and are meant to help ensure you optimal treatment.

Client Printed Name

Date

Client/Parent/Responsible Party signature

Date

Client/Parent/Responsible Party signature

Date

Client/Parent/Responsible Party signature

Date