

## Informed Consent for Psychotherapy

Welcome to my practice. Please read this entire document carefully as it contains important information regarding my professional services, office policies, and general information agreement. Be sure to ask me questions you may have concerning its contents.

I am a Licensed Professional Clinical Counselor (LPCC 3885) in the State of California and specialized in individual psychotherapy for adult clients. I hold a Master's degree in Counseling and Counselor Education from Indiana University, Bloomington. I am also a Licensed Mental Health Counselor in the State of Washington (LH 60182354) and a National Certified Counselor (NCC 74885). I provide psychotherapy and counseling in English and Japanese and have over ten years of professional experience working with diverse populations in several academic settings in the US and Japan.

### **Therapeutic process and what to expect from therapy**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns. Working toward these benefits requires your active involvement, honesty, and openness in order to enhance your thoughts, feelings, and behavior. Through our therapy sessions, you might develop unpleasant feelings and thoughts as well as new insights. Also, you may experience challenge and conflict. It might be difficult and confusing at times, but it will give you a precious opportunity to explore new aspects of yourself.

My counseling philosophy is influenced by Adlerian and Gestalt therapies and my approach is holistic, humanistic, and relationship-oriented. I hold a sense of trust that people have capacity to solve their issues and potential to grow. I build collaborative, trusting, and caring relationships with clients and maintain the relationships throughout the therapy. Therapeutic goals will be decided through discussion, considering your needs and desired outcomes. Every individual and situation is unique, and I cannot predict the length of therapy needed or guarantee a specific outcome or result.

Currently I do not offer face-to-face counseling as well as initial office consultation due to the risk of COVID-19, but instead I provide telemental health (video) session until further notice.

Therapy sessions are typically 50 minutes, and counseling is provided in a private setting. Telemental health (video and phone) counseling can be provided when such service will be appropriate for the situation, benefit clients, and be effective to the treatment. However, telephone counseling will not be provided on a regular basis, but only for a limited period of time in situations, where a client is physically or medically unable to come to a session or video sessions are unable to be provided due to failure of internet.

### **Fees**

Initial phone consultation lasts 15-20 minutes and is free of charge, and Initial office consultation is \$50 for 50 minutes. Regular 50-minute psychotherapy session in person charges \$120. Occasionally due to a client's request or/and clinically necessity of extra treatment, longer sessions are provided; a 70-minute session is \$151, and a 90-minute session is \$184. As well, phone sessions are available. 30minute-phone session is \$75 and 50minute-phone session is \$120. The charges for phone sessions will be out of pocket. Fee reduction may be considered in some cases.

Currently only credit cards are accepted and full payment is expected 24 hour prior to the scheduled appointment.

Payment is to be made in full at the end of each session in the form of credit cards, cash or check made payable directly to me, Yukiko Hartman. While I do not bill insurance, I can provide you with documentation

to get reimbursed by your insurance company. Phone sessions and any medical or other correspondence or reports will be billed in quarter-hour increments at the hourly rate. I will notify you of any additional charges before they occur.

### **Communications**

Please see the Communications Policy form.

### **Cancellations**

Appointments are made in advance specifically for you. If you are unable to keep your scheduled appointment, a 24 hour-notice is required for re-scheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification.

### **Confidentiality**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

### **When disclosure is required by law**

Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the client presents a danger to others.

### **When disclosure may be required by law**

Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me.

### **Emergency Procedures**

Should you feel that your situation requires immediate attention, you may leave a confidential message on my voicemail at any time. I will guarantee to call you back within 24 hours and attempt to call you as soon as I could. If you feel that you are in a crisis and I am not immediately available, you are strongly advised to contact the 24/7 San Diego Access & Crisis Line 1-888-724-7240, or the Police at 911. If we do speak by phone, you may be billed at the phone therapy session rate. Please do not use texts, email, or faxes for emergencies. Please also see the Emergency Contact in the Communication Policy form.

### **Termination of therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend upon the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your therapy termination and we will discuss a plan as you approach the completion of your treatment. I have the right to terminate therapy with you if I believe therapy is no longer beneficial to you; if I believe you will be better served by another professional; or when you have failed to show up for the last two sessions without a 24 hour notice.

You may discontinue therapy at any time. If we determine that you are not benefiting from treatment, you may elect to initiate discussion of your treatment alternatives. This may include other options such as referral, changing treatment plan and goals or terminating your therapy.

Upon either party's decision to terminate therapy, generally I recommend that you participate in at least one termination session. This session is intended to promote positive termination experience and give you and

me an opportunity to reflect on the work that we have done together. As well, I will attempt to ensure a smooth transition to another therapist, if necessary, by offering referrals to you.

**Mediation and arbitration**

By signing this contract you are agreeing that all disputes arising out of or in relation to this agreement to provide psychotherapy shall first be referred to mediation, before and as a pre- condition of, the initiation of arbitration.

**File a complaint**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of professional clinical counselors. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

**Agreement for Services: After reading and understanding the above information, please acknowledge your consent to begin services by initialing and signing where indicated:**

I have read, understand and agree to the policies and procedures described above. \_\_\_\_\_ (Initial)

I have received a copy of HIPAA regulations. \_\_\_\_\_ (Initial)

I understand that regular attendance will produce the maximum possible benefits, but that I am free to discontinue treatment at any time in accordance with the policies of this office. I understand that a 24 hour notice is required for cancellation of my scheduled appointments. I agree to pay the full fee for services of any missed appointments or late cancellation. \_\_\_\_\_ (Initial)

I understand that if I want to communicate with Yukiko, I use secure email or secure text message only for scheduling or non-urgent messages. \_\_\_\_\_ (Initial)

I understand that, for emergency or an urgent matter, I will call Yukiko and leave a message on her voice mail and follow up with a secure text message. If I am in a crisis and she is not immediately available, I will call the Crisis Services at 1-888-724-7240 to get help as soon as possible. \_\_\_\_\_ (Initial)

I understand that I am financially responsible for all fees for services 24hour prior to and at the time of my scheduled appointment. \_\_\_\_\_ (Initial)

I have been informed and understand the limits of confidentiality, which include mandated reporting situations. \_\_\_\_\_ (Initial)

By signing below, I consent to psychotherapy with **Yukiko Hartman, MS, LPCC**.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Yukiko Kawabata Hartman, MS, LPCC  
Licensed Professional Clinical Counselor 3885  
4079 Governor Dr #3002  
San Diego, CA 92122  
(206)715-0291