

Fonda Hart, LMFT
Licensed Marriage and Family Therapist
Ca License # MFT 39053
6073 N. Fresno Street, Suite 105, Fresno, CA, 93710 (559) 801-1430

AGREEMENT FOR SERVICE/INFORMED CONSENT

Introduction

This Agreement is intended to provide you with important information regarding the practices, policies and procedures of Fonda Hart, LMFT (herein “Therapist”) and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Confidentiality

Information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder, and dependent adult abuse; when a patient makes a serious threat of violence toward a reasonably identifiable victim, or when a patient is at risk of harming himself or herself.

Some people prefer to schedule sessions via email rather than telephone. Both are acceptable. However, although Therapist has an encrypted email system, Patient should be aware that email is not as secure as telephone and Patient assumes the risk for any violation of confidentiality that occurs as a result of “hacking” by an outside entity.

When providing marital therapy, Fonda Hart has a “No Secrets” policy. This means that, if one partner in the coupleship calls and shares something with the intent of withholding it from the other partner, Therapist will not hold this information as a secret but will work with that partner to bring the information into the marital therapy process. Secrets between one partner and Therapist generally undermine the effectiveness of the treatment process and will not be fostered.

Patient Litigation

Therapist does not provide court reports, custody or court evaluations, or provide testimony unless required to do so by law. If Therapist is subpoenaed, or ordered by court of law, to appear as a witness in an action involving Patient – or as Expert Witness – Patient agrees to reimburse Therapist for any time spent for preparation, travel, and any other time during which Therapist has made herself available for such an appearance at Therapist’s forensic hourly rate of \$150.00.

Fee and Fee Arrangements

The usual and customary fee for service is \$120 per 50-minute session. Patients are expected to pay for services at the time services are rendered. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance.

Therapist has chosen to operate as an “out of network” therapist and is not a participating member of any insurance panels. Patient is expected to provide full payment at time of session and a Superbill will be provided so that Patient may seek reimbursement from insurance. As a courtesy, Therapist is generally willing to bill insurance for the session and insurance will reimburse Patient directly.

If during the course of therapy Patient requests that Therapist review a medical or legal report, or write a letter or treatment summary, Patient agrees to reimburse Therapist for time spent at the fee of \$120 per hour.

Telemedicine

On occasion, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Patient is responsible for payment of the agreed upon fee for any telephone calls longer than ten minutes. A phone session longer than ten minutes but less than 30 minutes will be billed at \$50. A phone session longer than 40 minutes but less than one hour will be billed at the normal session fee of \$120. Insurance companies do not generally reimburse for telephone sessions.

Fonda Hart does not provide therapy via email. Email communication can be used for scheduling (or cancelling) sessions and other logistical needs but not for treatment issues.

Insurance

Therapist is not a contracted provider with any insurance companies. Patient may seek reimbursement for therapy costs from insurance and should inquire as to what the benefits are for “out-of-network” providers. However, regardless of insurance coverage, Patient is responsible for payment in full at time of session.

Cancellation Policy

In the event that Patient needs to cancel a session, Therapist is to be notified at least 24 hours in advance. Cancellation notice should be left on Therapist’s voicemail at (559) 801-1430. Patient is responsible for payment of session fee for any missed sessions if 24-hour notice was not given.

Therapist Availability

Therapist’s office is equipped with a confidential voice mail system that allows Patient to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee calls will returned immediately. Therapist is unavailable on weekends and holidays and is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Acknowledgement

By Signing below, Patient acknowledges that he/she has reviewed and fully understand the terms and conditions of this Agreement. Patient has discussed any terms and conditions with Therapist and has had his/her concerns addressed to Patient’s satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Patient has a right to terminate therapy at any point. Therapist also maintains the right to terminate the treatment process if warranted. In that case, Therapist will offer names of other therapists who may be a good therapeutic fit for Patient.

I understand that I am finally responsible to Therapist for all charges, including unpaid charges by insurance or any other third-party payor.

Patient Name (please print)

Signature of Patient (or authorized representative)

Date

Patient Name (please print)

Signature of Patient (or authorized representative)

Date