

Name: _____ Date of Birth: _____

Home Address: _____

Informed Consent

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. This practice is a sole proprietorship owned by Kristen Hornung, LPCC2071, with a business license in the City of Encinitas, Business Registration Number B011683-11-2019.

I provide mobile and home-based psychotherapy in the City of Encinitas and nearby unincorporated areas of the County of San Diego. I also provide secure online therapy throughout California. Depending on your needs and preferences, we may decide to conduct psychotherapy via phone or secure face-to-face video.

Professional Background

I am a Licensed Professional Clinical Counselor #2071 with the California Board of Behavioral Sciences (BBS). I was first licensed by the BBS on 06/2015 and I met the scope of practice requirement to provide marriage, couples, and family therapy on 09/28/2016. If I will be providing family therapy to you, I will provide you with a copy of the letter verifying that I have met this scope of practice from the BBS. I am a National Certified Counselor. I graduated with my MA in Counseling with a Specialization in Clinical Mental Health from the University of San Diego in 2012. I graduated with my PhD in Depth Psychology with an Emphasis in Depth Psychotherapy from Pacifica Graduate Institute in 2018.

The therapeutic modalities that I use include, but are not limited to, Eye Movement Desensitization Reprocessing (EMDR), Dialectical Behavior Therapy (DBT) skills, Motivational Interviewing, depth psychotherapy, and family systems therapy.

I have completed the basic training requirements for EMDR with the Trauma Recovery Humanitarian Assistance Programs, which is recognized by EMDRIA. This level of training means that I have completed both Part 1 and Part 2 workshops (for a combined

total of 40 hours of training) and at least 10 hours of consultation regarding my clinical practice of EMDR.

Please be aware that evaluations or recommendations for workers compensation, emotional support animals, custody-related issues, work or school accommodations, or disability qualification are outside of my scope of practice and I will not provide them.

If you have any questions about my background, experience, or which therapeutic modalities I am using, please let me know.

Fees and Insurance:

My rate is the same for individual therapy and family therapy. If for some reason you find that you are unable to continue paying for your therapy, notify me and I will help you consider any options that may be available to you. I will provide 90 days notice when increasing fees.

Fees are payable at the time that services are rendered. I prefer to be paid by check or cash, but I accept credit cards as well.

The fee for an approximately 45 minute therapy session is \$150.

The fee for an approximately 90 minute therapy session is \$300.

The prorated rate of \$50 per approximately 15 minutes is used for calculating the fee for alternate session lengths.

Please inform me if you wish to use health insurance to receive reimbursement for services. I am not a contracted provider for any PPO or HMO plans, which means that I am considered an out-of-network provider. I am able to provide you with a monthly superbill that you can submit to your insurance company to request reimbursement. I am unable to guarantee whether your insurance will provide payment for the services provided to you.

I encourage you to call your insurance company to obtain a quote for your eligible out-of-network benefits. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and

understanding the limits of your insurance coverage. You should be aware that missed or cancelled sessions will not be eligible for reimbursement. Please discuss any questions or concerns you may have about this with me.

Therapy may be an eligible expense under your Flexible Savings Account (FSA), Health Reimbursement Account (HRA), or Health Savings Account (HSA) plan. I encourage you to check with your plan to see if therapy is an eligible expense. If it is, you may use your account issued card at time of service or pay out of pocket, then submit a billing statement for reimbursement to your plan. You should be aware that missed or cancelled sessions will not be eligible for reimbursement.

Please tell me if you would like to discuss a written agreement that specifies an alternative payment procedure to those I have laid out here.

Court Policy and Fees

Please be advised that I do not participate in person, by phone or in writing in any court related matter that the client of my practice may be a party to or become a party to in any way. I do not write letters regarding a client's treatment to any entity, including court. At no time will I offer an opinion or recommendation in any court matter, especially as it relates to custody.

If a court order is served and is requesting that I be present in person and or there is a request for records, the client's consent will be requested before turning over confidential information. When obtaining this consent, the client will be told exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This includes a client's mental health history; current status and inclusive records and may not be in the best interests of the client. The therapist client relationship does not render me an advocate. I will withhold any opportunity to engage in a dual relationship with the client.

Please be advised that should I be ordered by court to write a letter to the court, the time shall be billed at \$200 per hour.

Please be advised that should I be court ordered to appear in court, the fee stipulation is as follows:

\$2,000 per day plus \$200 per hour for travel to and from the court.
\$200 per hour for preparation

I will NOT be ON-CALL at any time. Should a case be trialed, I will be paid in full for each day as well as an additional \$1,000 per day as it hinders my ability to be available to their other clients.

All court fees must be received by a cashier's check 14 days prior to the court date. Should the court calendar the hearing for another date, I must be re-issued a court order with the new court hearing date.

Should I be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Confidentiality

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that I utilize a "no-secrets" policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, I am permitted to use information obtained in an individual session that you may have had with me, when working with other members of your family. Please feel free to ask me about the "no secrets" policy and how it may apply to you.

There are exceptions to confidentiality. For example, I am required to report instances of suspected child, dependent adult or elder abuse. I may also be required or permitted to break confidentiality when I have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. I 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 me

at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours' notice in advance, you are responsible for payment for the missed session. Please be aware that health insurance and HSA, HRA, and FSA plans will not provide reimbursement for missed sessions.

Therapist Availability/Emergencies

You are welcome to phone me in between sessions. However, as a general rule, it is my belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for me at any time on my voicemail. If you wish for me 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. Non urgent phone calls are returned during weekdays and weekends within 48 hours. I am generally not able to return phone calls after 7PM. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by my voicemail.

In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

You should also be aware of the following free resources that are available in San Diego or nationally to assist individuals and families:

- San Diego Access and Crisis Line (for crisis support, emergency resources, and referrals 24 hours): (888) 724-7240
- National Suicide Prevention Lifeline (24 hours): (800) 273-8255
- Trevor Project (crisis support for LGBTQ+ people under the age of 25, 24 hours): Call (866) 488-7386 or TrevorText by texting START to 678678
- NAMI Warm Line (support from a trained person with lived experience of recovery Monday – Friday: 10am to 5pm): (800) 523-5933
- 2-1-1 San Diego Resource Line (information on shelters, food, and other resources, 24 hours): Call 2-1-1 or visit <https://211sandiego.org/>

Therapist Communications

I may need to communicate with you by telephone or other means. Please indicate your preference by checking one or more of the choices listed below. Please make a note here if you do not wish to be contacted at a particular time or place, or by a particular means.

- ☐ My therapist may call me on my home phone. My home phone number is:

My therapist may leave detailed messages on my home phone: Yes or No

- ☐ My therapist may call me on my cell phone. My cell phone number is:

My therapist may leave detailed voicemail messages on my cell phone: Yes or No

My therapist may send a text message to my cell phone: Yes or No

- ☐ My therapist may communicate with me by e-mail. My e-mail address is:

- ☐ My therapist may send mail to me at my home address listed at the beginning of this document.

Sensitive, clinical information is to be discussed over the phone or in-person as I deem appropriate. For appropriate e-mail or text communication, I will respond to your e-mail or text within 24 hours except on Saturdays. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record.

You may be charged for time I spend speaking with you on the phone and for time spent reading and responding to e-mail or text messages at the rate of \$50 per approximately 15 minutes.

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will

provide recommendations to you regarding your treatment. We are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. I will work with you to develop an effective treatment plan.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires talking about painful aspects of your life. Please let me know what you are experiencing so I can support you.

Psychotherapy has been shown to have benefits. Therapy may result in a reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, and increased skills for managing stress and resolutions to specific problems. Due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result. Psychotherapy requires a very active effort on your part.

Considerations for EMDR

If we will be doing EMDR together, it is important that you notify me immediately if you experience any eye pain or eye discomfort so we can avoid causing harm. It is important for you to know that substance use can interfere with your ability to reprocess. It is recommended to abstain from alcohol, marijuana, or other drugs while you participate in EMDR. Please discuss your substance use with me. With EMDR, processing can continue between sessions. You may or may not notice new insights, thoughts, memories, physical sensations, or dreams. Please jot down what you notice (including triggers, what you are seeing, feeling, and thinking) and bring your notes to your next session. It is important to use your relaxation and self-regulation techniques (which we will cover in preparation for processing) at least once a day.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depends 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. I 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 either one of us determines that you are not benefiting from treatment, either one of us 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.

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask me to address any questions or concerns that you have about this information before you sign.

Name of Client: _____

Signature _____ Date: _____

Revised 03/2020