

# *Healing Inspiration with Olivia Fae Stadler*

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## **Consent for Treatment - Minors**

Therapy will be provided by Olivia Fae Stadler, Licensed Marriage and Family Therapist #LMFT115228, using an integrated mind-body modality of psychotherapy. I am trained and experienced in the practices of somatic psychotherapy, which may incorporate – as options in service of the therapeutic process – body sensing awareness and supportive touch. Such practices are respectful and non-invasive, done only with the client's permission and cooperation, and within legal and ethical guidelines. You are free to ask questions at any time about methods used, or stop methods at any time. You are free to ask questions at any time about my professional background, experience, education, and professional orientation.

## **Parent/Guardian Consent**

In order to provide therapy services to a minor, consent from both parents is generally required. I will require legal documentation such as a custody order, prior to the commencement of services, if there is any uncertainty regarding the child's legal guardianship.

## **Confidentiality**

Information disclosed in therapy is considered strictly confidential and will not be released to any third party without your written authorization, except when required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when I am ordered by a court to release information, and when I determine that you present a serious danger of physical violence to another person or are dangerous to yourself. In the event of my incapacitation, in order to notify you, your contact information will be shared with the executor of my professional will.

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding the child or the child's family members or caregivers.

Any requests to engage using social media will be denied to ensure privacy. I will not accept friend or contact requests from any clients, past or present, on any social media sites.

Psychotherapy can only be effective if there is a trusting and confidential relationship between client and therapist. Therefore, parents or guardians will typically not be privy to detailed discussions that occur between the child and their therapist. You can expect to be kept up to date regarding progress and be informed of any serious concerns I may have regarding the safety or well-being of your child, including suicidality and self-harming behaviors.

### **Therapy Hour**

Unless we agree otherwise, therapy sessions are 50 minutes.

### **Fees**

We agree on your child's fee. Fees are due prior to each session, payable by cash, check, Venmo, Paypal, or Zelle. Checks should be made payable to Olivia Stadler. Please have your check written out prior to coming to session, or mailed in advance. Returned checks will be charged a \$30 service fee.

Consultation with your child's other providers may be charged on a prorated basis, based on your fee for sessions.

**Fees increase every January 1<sup>st</sup>.** Fees may be reviewed and adjusted periodically in addition to annually, based on circumstance.

### **“No Surprises Act” of January 1, 2022 Information**

Pursuant to the “No Surprises Act,” effective January 1, 2022, you have the right to request a “Good Faith Estimate” of charges. The charges for psychotherapy are very clear and transparent: your costs are always equal to your fee multiplied by the number of sessions, e.g., if your fee is \$200 and we meet weekly, your cost is \$800 per month for a month with four weeks or \$1000 for a month with five weeks, etc. A Good Faith Estimate will be provided upon request.

### **Additional Services**

I do not provide disability letters, companion pet letters, or letters regarding your ability to work, or any letters that would inform providers of your mental health history. You must discuss these needs with your medical or primary care provider. If a letter is required, there is a flat fee of \$250. I reserve the right, under California law, to provide a treatment summary in lieu of actual records. Letters are only provided to clients who have been seen for 8 sessions or longer.

### **Insurance**

I am not a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance or flexible spending plan, you may request a statement that you may submit yourself for possible reimbursement. You

should be aware that insurance plans generally limit coverage to certain diagnoses. You should also be aware that you are responsible for all communication with any third parties, and for verifying and understanding the limits of your insurance coverage. I cannot guarantee whether your insurance will provide payment for the services provided to you. It is not my practice to engage in sharing information with insurance companies or any third parties. If for some reason you find that you are unable to continue paying for your child's therapy, we can discuss any options that may be available to you at that time.

### **24-Hour Cancellation Policy**

Your child's consistent attendance greatly contributes to a successful outcome. It is expected that you treat therapy as a weekly commitment, cancelling only when necessary due to illness, travel, etc. Since your appointment time is reserved exclusively for your child, I have a 24-hour cancellation policy. In other words, **if you cancel or reschedule within 24 hours of your appointment time, you will be charged for the missed session regardless of circumstances.**

It is preferred to cancel via email. I always reply with a confirmation receipt of these emails. If you do not receive a reply, do not yet consider the appointment canceled and contact me via phone until you get a response.

If you request to reschedule for another time that same week, the usual fee will apply for the additional session, plus the fee will still be charged for the original appointment. In other words, **if you reschedule within 24 hours, you will still be required to pay for both appointments.** Please understand that your insurance company will not pay for missed or cancelled sessions.

### **Email / Cell Phone Communication**

Please be aware that while all communication is held as confidential, email and cell phone communication can be more easily accessed by unauthorized sources. Email in particular can be vulnerable to unauthorized access by persons known or unknown to you. Therefore, **email communication should be limited to non-urgent scheduling matters. Any clinical information is to be discussed over the phone or in-person.** Any contact (including reading or responding to text messages or email) that extends beyond 10 minutes will be charged on a pro-rated basis, based on your fee for sessions.

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. Please advise me if you would prefer in any way to limit the manner in which communication occurs or if you are in any way concerned about confidentiality of a specific form of communication.

## **Availability**

If you would like to speak with me outside of your session for reasons concerning scheduling, fees, or urgent issues that have arisen after a session, please call my confidential voicemail. Please specify whether you would like a return call, and allow two business days for a response.

I strongly encourage you to contact me if your child is in a serious emotional crisis, although private practice is not an immediate crisis intervention center. In the event of a medical or psychiatric emergency or an emergency involving a threat to your child's safety or the safety of others, please call 911 to request emergency assistance or call the following crisis services:

Suicide Prevention Central Coast: 1-877-663-5433 / 1-877-ONE-LIFE

Suicide Prevention Crisis Line: 831-649-8008

YWCA Domestic Violence Crisis Line: 831-372-6300/800-YWCA-151

Community Hospital Mental Health: 831-625-4623

Community Hospital of the Monterey Peninsula (CHOMP).....831-624-5311

## **Litigation**

It is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, lawsuits, etc.), neither you nor your attorneys, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. I will not voluntarily participate in any litigation or custody dispute in which you or your child are parties. I have a policy of not communicating with attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in legal matters. If I am subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the client, parent or guardian agrees to reimburse me for any time spent for preparation, travel or other time at my usual hourly rate. In addition, I will not make any recommendation as to custody or visitation regarding the client. I will make efforts to be uninvolved in any custody dispute between client's parents/guardians.

## **Permission to Record**

As a standard practice within the industry, I may occasionally audio or video record therapy sessions. These recordings will be used for the sole purpose of consultation and will be held in the limits of confidentiality as specified above and as required ethically and legally. The recordings will be destroyed after consultation is concluded. If you have any concerns about recording, please discuss them with me.

## **Benefits and Risks**

It is my intention to provide services that will assist your child in reaching their goals. However, I am unable to predict the length of your child's therapy or guarantee a specific outcome or result. Therapy is a process, and a client may feel worse before they feel better. This is the nature of working with material that has remained outside of

immediate awareness. If your child should become too uncomfortable, please advise me right away.

### **Litigation Limitation**

As part of the therapeutic process, the therapist does not feel it is beneficial to the treatment process to participate in any legal process concerning therapy. Even though you are responsible for the testimony fee, it does not mean that the therapist's testimony will be solely in your favor. Therapists can only testify to the facts of the case and, if qualified to do so by the court, in their professional opinion. Asking a therapist to provide confidential records or testify can damage the trust built in a counseling relationship with a client, especially if the therapist is still seeing that client in therapy.

Therefore, it is agreed that should there be legal proceedings, neither you nor your attorneys, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If requested, the therapist will decline.

If it becomes necessary to participate (e.g. court order, subpoena, etc), the following fees are in effect:

- Preparation Time (including submission of records): \$220/hour (billable in 15 minute increments with 1 hour minimum)
- Phone calls: \$220/hour (billable in 15 minute increments)
- Depositions: \$250/hour
- Time required in Giving Testimony: \$250/hour
- Mileage: .66/mile
- Time Away from office due to Depositions or Testimony: \$220/hour
- All attorney fees and costs that are incurred by the therapist as a result of the legal action.
- Filing document with the court: \$100
- The minimum charge for a court appearance: \$1500

A retainer of \$1500 is due at least 72 business hours before the scheduled court appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt. If the therapist is subpoenaed and the case is reset with less than 72 business hours notice prior to the beginning of the day of the scheduled subpoena, trial, and/or testimony is not given, then the client will be charged \$500 (in addition to the original retainer of \$1500 for having to appear in court). All fees listed above are doubled if the therapist has priorly been scheduled to be out of town at the time of the court appearance. If a subpoena or notice to meet attorney(s) is received without a minimum of 72 business hours notice, there will be an additional \$250 express charge.

### **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](http://www.bbs.ca.gov), or by calling (916) 574-7830.

### **Termination of Therapy**

You have the right to terminate therapy at your discretion. I encourage you to discuss your thoughts of termination as early as you become aware, as termination can be a very important part of therapy. In addition, I reserve the right to terminate therapy at my discretion. Upon either party's decision to terminate therapy, I strongly recommend that your child participates in at least one termination session. These sessions are intended to facilitate a positive experience to the end of the therapeutic work.