



Disclosure Statement & Agreement for Services

Welcome. I have been a licensed (No. M13521) Marriage and Family Therapist since 1981. I received my Masters in Counseling Psychology from Loyola Marymount University. I am a Somatic Experiencing Practitioner (SEP), Interpersonal Neurobiology (IPNB) specialist, as well as a Certified EMDR Therapist. I am fluent in English, Spanish and German. I work with individuals, couples, and families.

My field requires that I make you aware of specific policies. If you have any questions after reading this form, please speak with me about them.

About the Therapy Process

My approach to therapy is rooted in neurobiology and integrates Somatic Experiencing® and EMDR into “talking therapy.” I focus on how both suffering and a sense of well being influence the Mind-Body-Spirit connection. I will help you learn to regulate and manage feelings that overwhelm you and negatively affect your thoughts, moods, and attitudes, and that, in turn, lead to unwanted behavior.

During the course of therapy, I will draw on various psychological approaches according, in part, to the issue that is being treated and my assessment of what will best benefit you. These approaches include Somatic Experiencing, EMDR, Interpersonal Neurobiology (IPNB), attachment, cognitive-behavioral, existential, system/family, family constellation, meditation, ego states, and Dialectical Behavioral Therapy (DBT).

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. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form. Generally, there are four situations in which confidentiality does not exist: (1) if you sign a consent to release the

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information, (2) if you become a danger to yourself, (3) if you become a danger to others, and (4) in cases of child, elder, or dependent adult neglect or abuse.

Marriage/Couples Counseling

If you are receiving marriage or couples counseling, anything you say to me in one-to-one conversations will not be considered confidential from your partner. If a legal case emerges, confidentiality may be jeopardized. Both parties must sign an Authorization for Release of Information in order to release any records to one or both parties. I am not available to testify or provide forensic evidence on behalf of one or the other counseling participants.

If you are coming to me for marriage or couples counseling, I encourage you to include your partner in all correspondences with me. I can meet with you individually, however it is important to remember that it is part of our group therapy. Anything you say in a one-on-one session is not considered confidential from your partner.

Minors and Confidentiality

Communications between clients who are minors (under the age of 18) and myself are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in such treatment. Consequently, in the exercise of my professional judgment, I may discuss the treatment progress of a minor client with the parent or guardian. Clients who are minors and their parents are urged to discuss any questions or concerns that they may have on this topic with me.

Professional Records

The laws and standards of my profession require that I keep treatment records. If you wish to see records, please make an appointment to go over them together.



Payments

The agreed upon fee is \$_____ per fifty (50) minute session. Additional time is billed accordingly.

Payment for services in office and tele-sessions is due PRIOR to the session.

Failure to make prior payment, both for phone and in-person appointment, will waive your guaranteed appointment time.

Initial _____

Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Prior to the session, you will receive an email invoice in which you can pay with your banking information directly through ACH. I do not store your personal banking information through the website. Otherwise, you can bring a check to the session.

Be aware that failure to make payment for services is subject to a break in confidentiality by reporting a client's account to a collections agency.

I do not take insurance directly, however, I can provide you with a monthly statement if you would like to submit to your medical insurance provider. I will provide the statement when payment is received.

Appointment Scheduling and Cancellation Policies

Appointments are arranged at pre-scheduled times and, unless otherwise arranged, last fifty (50) or ninety (90) minutes. Since the appointment reserves a time specifically for you, **a minimum of 24 hours notice is required for rescheduling or cancelling an appointment. Monday appointments require 72 hours notice. Unless we reach a**

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different agreement, the full fee will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions. Initial _____

The best way to reschedule or cancel an appointment is via text. If you are cancelling with greater than 48 hour notice, you may email me with the subject line “cancellation” or “reschedule.” If you do not receive acknowledgment from me, assume I did not receive your message and follow up with a text. **If you are unable to make your office appointment, you may have the option of a phone session at your scheduled time.** Initial _____

Therapist Availability and Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. **To contact me between sessions, please email me at elizabethrona@gmail.com or please leave a message at 310-476-4330. Your e-mail will be returned within 48 hrs and your call will be returned within 24 hours** unless I am out of town. If an **emergency** situation arises, please call my cell phone. If you need to talk to someone right away, you can call **911 or 877-7CRISIS.**

Telehealth / Remote Individual and Group Sessions

When more convenient, we can conduct our sessions via phone or FaceTime. While telehealth is a useful resource, there are some risks and limitations that may include technical failures or frustrations, interruption by unauthorized persons if you are not in a private setting, decreased ability to respond to emergencies. Some video services are more secure than others. FaceTime is encrypted end-to-end and the content of FaceTime calls are never stored on any server. However, there is still a risk of unauthorized access to transmitted and/or stored confidential information. If telehealth is of interest, we can assess if it is a viable process for you.



Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. We will discuss a plan for termination as you approach the completion of your treatment goals.

If either one of us determines that you are not benefitting from the treatment, either of us may elect to initiate a discussion of treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Mediation and Arbitration

Any dispute arising in relation to our working relationship shall first be referred to mediation, before and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of you and myself. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to our working relationship should be submitted to and settled by **binding** arbitration in Los Angeles County, in accordance with the rules of the American Arbitration Association. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator will determine the sum.



Your signature indicates that you have read this full agreement for services carefully and agree to its contents. Please ask me to address any questions or concerns that you have about this information before you sign.

Name(s) of Client or Guardian: _____

*Responsible Party for Payment _____

*Secondary Responsible Party for Payment _____

Signature(s):

Date: _____

Date: _____

DOB: _____

DOB: _____

Client Home Address: _____

Email Address: _____

Client Home Phone: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please circle your preferred number and means of communication.

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Email and Texting Consent Form Guidelines

I welcome the use of emails and texts for the ease of our communication between sessions, if you cannot reach me by phone at my landline (310-476-4330).

1. **TEXTS ARE FOR:** Scheduling, canceling, or modifying an appointment or to notify me if you are running late. Texts are NOT for accounting.
2. **CELL PHONE IS FOR:** If you are running late to an appointment and cannot text, or for a situation that requires my immediate assistance. If it is an emergency, call 9-1-1 or go to your nearest emergency room.
3. **EMAILS ARE FOR:** Accounting inquiries or requesting an appointment.
4. **EMAILS ARE NOT FOR** emergency or time-sensitive situations.
5. I do my best to respond to texts and emails in timely fashion. It is understood that at times I am abroad or without phone or Internet access. If you do not hear from me within 48 hours, please call me or email me again. If it is an emergency, call 9-1-1 or go to your nearest emergency room.
6. With your written authorization, emails may be forwarded to other members of your health care team.
7. Email correspondence becomes part of your patient electronic chart.
8. I use a secure server, however it is understood that unencrypted private health care information sent over the Internet may be intercepted. By signing below, you request and agree to such digital communication.

I acknowledge understanding and receipt of these guidelines.

Name: _____

Date: _____

Signature: _____

Email: _____

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Telemedicine Informed Consent Form

Telemedicine — the practice of psychotherapy at a distance when therapist and patient are not physically present with each other, using phone, video conferencing, or other technologies — is a convenient resource for when we cannot meet in person.

I have many patients who enjoy and have had success using telemedicine, and we can discuss whether it might be a useful format in conjunction with in-office therapy. There is no obligation to conduct remote sessions if you feel telemedicine is not right for you.

There are a few things to consider when making the decision to use telemedicine:

1. You have the right to withhold or withdraw your consent to engage in telemedicine without affecting your right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to telemedicine.
3. There are potential risks and drawbacks to telemedicine, including the possibility, despite reasonable efforts on my part, that: the connection could be disrupted or distorted by technical failures; the transmission of medical information could be interrupted by unauthorized persons; and/or the electronic storage of medical information could be accessed by unauthorized persons. As with any psychotherapeutic experience, a quiet, confidential space is optimal to feel safe. I will always provide that from my end and you are responsible at the time of our appointment to be positioned likewise.
4. For some, remote care does not translate to the comfort of sitting with a therapist in-office. If either of us believes you would be better served by face-to-face connection, I will advise that we discontinue remote sessions and meet in my office. If that is not possible, I will refer you to a psychotherapist in your area.
5. You have a right to access my medical information and copies of medical records in accordance with California law.

By signing below, you consent that you have read and understand the information provided above. I have discussed it with you, and all of your questions have been answered to your satisfaction.

Signature of patient/guardian

Date

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