Dr. Sara Ruebelt Ph.D, LMFT
Family Therapist Private Practice
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Introduction

INFORMED CONSENT FOR MENTAL HEALTH TREATMENT

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information about Your Therapist

At an appropriate time, your therapist will discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience, and professional orientation.
Your therapist is Dr. Sara Ruebelt, Ph.D, LMFT
Dr. Ruebelt holds a Doctoral Degree in Family Therapy and is a Licensed Marriage and Family Therapist. Her License Number is: MFC50059

Information About Dr. Ruebelt's Private Practice

The name of this practice i
Dr. Sara Ruebelt Ph.D, LMFT

The fee for service is $_____$150___per individual therapy session.
The fee for service is $_____$180__per conjoint (marital /family) therapy session.
The fee for service is $____N/A____per group therapy session.

Individual Sessions and conjoint (couples /family) sessions are approximately 50 minutes in length. Fees are payable at the time that services are rendered. Please ask if you wish to discuss a written agreement that specifies an alternative payment procedure.
If payment is not received, Dr. Sara Ruebelt's Private Practice retains the right to hire a Collections Agency of its choice to solicit payment. If this becomes necessary, information provided to solicit payment will be kept to a minimum.

Please Note that currently Dr. Ruebelt is not on any insurance panels. If you like to have an electronic receipt provided to you for purposes of reimbursement, please request it at the time of service and the receipt will be emailed to you at a later time.If your therapist/provider is a contracted provider for your insurance company, your therapist/provider will discuss the procedures for billing your insurance. 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. Although your therapist/provider is happy to assist your efforts to seek insurance reimbursement, we are unableto guarantee whether your insurance will provide payment for the services provided to you.

Please discuss any questions or concerns that you may have about this with your therapist. To simplify insurance billing. Dr. Sara Ruebelt's private practice utilizes an outside billingagency, Northern California Billing, and therefore, a minimal amount of your information will beshared with this billing agency to process and facilitate payment with your insurance company and your therapist. If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available toyou at that time, including possible referral.

Confidentiality

All communications between you and your therapist 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, your therapist has a "NO--- SECRETS" policy. In other words, information disclosed privately to the therapist by one family member may be communicated to other family members in the context of session if the therapist recognizes a benefit to the information being shared. Please feel free to ask your therapist about his or her "no secrets" policy and how it may apply to you. In the case of marital or family therapy, the therapist 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.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Interoffice Communication

In case of a need for peer consultation your information may be shared with the consultation team within the private practice to provide you with the utmost quality care and interventions available. Sharing of your information will be kept to a minimum and will only be disclosed when and if the therapist deems it beneficial to collaborate for the purpose of increasing the quality of treatment you receive.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. The patient minor holds confidentiality over his or her own treatment. Therefore, the details of the minor's session will not be disclosed to the parents and/or guardian. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress, in general terms, of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist 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. To cancel or reschedule an appointment, you are expected to notify your therapist at least 48 hrs. in advance of your appointment. If you do not provide your therapist with at least 48 hours notice in advance, you will be responsible for 100% of the session fee for the missed session. Please understand that insurance companies will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. In case of sickness or schedule conflicts you are allowed to request a phone session as to avoid cancellation charges.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist 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 normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical emergency

or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. In the event of a medical 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 resources that are available in the local community to assist individuals who are in crisis: Suicide Prevention Hotline: (916) 368-3111 Domestic Violence Help: (916) 920-2952 Hospital/Sutter Center for Psychiatry: (916) 386-3000

Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

The phone number(s) I would like to be contacted at is:_____

The address I would like to becontacted at is:_____

The email address I would like to be contacted at is:_____

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. Dr. Ruebelt believes that therapists and patients are partners in the therapeutic process and therefore provides a collaborative approach to therapy. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature and severity of problems and the individuality of each patient, it is not possible to predict the exact length of your therapy or to guarantee a specific outcome or result.

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. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist 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 you or your therapist determines that you are not benefiting from treatment, either of you 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.

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

Name of Patient	Signature of Patient	Date
Name of Patient	Signature of Patient	Date
Name of Legal Guardian (if patient is under the age of 18)	Signature of Legal Guardian	Date