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AGREEMENT FOR SERVICE / INFORMED CONSENT

This Agreement is intended to provide _____ (herein "Client") with important information regarding the practices, policies and procedures of Katherine Holt Jewett, MA MFTI PCCI (herein "Therapist) and to clarify the terms of the professional therapeutic relationship between Therapist and Client prior to beginning therapy.

Therapist Background and Qualifications

Therapist holds a B.A. in Psychology from U.C. Berkeley and an M.A. in Counseling Psychology with an emphasis in Marriage and Family Therapy and Professional Clinical Counseling from John F. Kennedy University. Therapist also holds an M.B.A. from U.C. Berkeley, Haas School of Business. Therapist is currently engaged in work as a doctoral student at California Southern University. Therapist has been working with Clients since 2013 and has worked with a variety of populations including adult, child, and adolescent populations. Therapist has worked with individuals, couples and families.

Therapist has experience working in several modalities including Attachment Therapy, Psychodynamic Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Narrative Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Neuro-Affective Relational Therapy and Sensorimotor Psychotherapy to name a few. Normally a mixture of these modalities are used in the course of therapy based on the specific needs of the Client. Therapist will in most cases work with the Client to determine what modalities will fit best as any therapy will work best with the full participation of the Client.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and

increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client's perceptions and assumptions, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of Client.

During the therapeutic process, many Clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Therapist is trained in EMDR (Eye Movement Desensitization and Reprocessing) which has 30-years of evidenced success in treating traumatic memories and events in Client's distant or recent past. EMDR is one of the most studied and evidences therapies currently available. The therapy can often have very immediate results in lowing the emotional suffering of a client with sometimes radical reduction of symptoms related to the traumatic event or memory. Client should be aware, however, that should he/she be involved in legal proceedings in which payout depends on Client's emotional suffering, EMDR may affect the ultimate payout as many times suffering is reduced or eliminated after the reprocessing. In addition, while EMDR is extremely safe, for client with a history of epilepsy and/or seizures, the fast eye movement used in EMDR has the potential of bringing on a seizure. Should Client have a history of seizures and/or epilepsy he/she should share this information with Therapist so that alternate methods of Desensitization and Reprocessing can be considered.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Client. The exception to this is that Therapist will share pertinent data with Therapist's Supervisor on a weekly basis for purposes of consultation required by law while Therapist is completing her Internship.

Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding Client's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any Client. Should Client request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Client's records for ten years following termination of therapy. However, after ten years, Client's records will be destroyed in a manner that preserves Client's confidentiality.

Confidentiality

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, 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 Client makes a serious threat of violence towards a reasonably identifiable victim, or when a Client is dangerous to him/herself or the person or property of another.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary session rate of $90 for a 50-minute session.

Psychotherapist-Client Privilege

The information disclosed by Client, as well as any records created, is subject to the Psychotherapist-Client privilege. The Psychotherapist-Client privilege results from the special relationship between Therapist and Client in the eyes of the law. It is akin to the attorney-client privilege or the Doctor-Client privilege. Typically, the Client is the holder of the Psychotherapist-Client privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the Psychotherapist-Client privilege on Client's behalf until instructed, in writing, to do otherwise by Client or Client's representative. Client should be aware that he/she might be waiving the Psychotherapist-Client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the Psychotherapist-Client privilege with his/her attorney.

Audio and/or Video Taping of Session

It is often useful to audio and/or videotape sessions both to ensure that Therapist is able to discover additional nuances of the session and for consultation purposes. Moreover, in some cases, such recordings might aid in the therapeutic process itself by allowing Clients to audit behaviors, tones, and information that they otherwise would be unaware of. Client reserves the right at any time to refuse audio and/or video recording during any and all sessions. In such cases where Client prefers not to be recorded, Client should request this at the beginning of the session. Of course, should Client decide after the session has begun, Client still reserves the right to subsequently end the recording of the session. In any case, all recordings will be confidential as with any written records per the Confidentiality clause above. Recordings will be kept in password protected format and will be destroyed once the usefulness of the recording has expired (in general approximately 1 to 3 weeks).

Fee and Fee Arrangements

The usual and customary fee for service is $110 for a 50-minute session. Sessions longer than 50-minutes are charged for the additional time pro rate. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance.

From time-to-time, Therapist may engage in telephone contact with Client for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third

parties at Client's request and with Client's advance written authorization. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

Clients are expected to pay for services at the time services are rendered. Therapist accepts cash or checks as payment and may not always have change handy.

Insurance

Therapist is not a contracted provider with any insurance company, managed care organization. Should Client choose to use his/her insurance, Therapist will provide Client with a statement, which Client can submit to the third-party of his/her choice to seek reimbursement of fees already paid. Client should note, however, that while therapy is often reimbursable by Health Spending Accounts, that many insurance carriers do not reimburse for therapy conducted by Interns. Client should check with his insurance carrier in order to ascertain whether services are, in fact, reimbursable.

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any session(s) for which Client failed to give Therapist at least 24 hours' notice of cancellation. Cancellation notice should be left on Therapist's voice mail at **925-322-1681**.

Therapist Availability

Therapist's office is equipped with a confidential voice mail system that allows Client 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 the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Termination of Therapy

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Client.

Communication

Please note that while I use every precaution on my end to safeguard your information and identity, currently texts and emails from katherine@timetothrivetherapy.com, while made from password protected tools, are not currently considered HIIPA compliant. All scheduling texts and information through the Client Portal are considered HIIPA compliant from my end, however, individuals having access to your email or phone may see these messages. If you have concerns with me communicating to you with any of the following methods, please let me know**.**

I would like to receive appointment reminder texts: ____Yes _____No

I would like to receive appointment reminder emails: ____Yes _____No

My therapist may call me at my home. My home phone number is: _____ Message Ok? Y N

My therapist may call me on my cell phone. My cell phone number is:_____ Message Ok? Y N

My therapist may call me at work. My work phone number is:_____ Message Ok? Y N

My therapist may send me text other than scheduling texts. ____Yes _____No

I understand that e-mail made outside of the scheduling and client portals is not a completely private form of communication)._____initial

My therapist may communicate with me by email. My email address is: _____

(I understand that e-mail made outside of the scheduling and client portals is not a completely private form of communication)._____initial

My therapist may send a fax to me. My fax number is: ____Yes _____No
Fax#_____

In case of emergency, I prefer my therapist contact _____ at_____
Name Phone

Social Media Policy

Social Media is a fantastic tool to help people get informed and engaged. I use social media for my practice and in an effort to be completely transparent with you, I have created a social media policy so you understand how I use social media in my practice and how it could impact you and our relationship.

If you have any questions about my policy, I encourage you to bring them up when we meet. Social media is also constantly changing and there may be times when I need to update this policy. If I do so, I will post the policy online and inform you of the changes in our session.

The basis for this policy is to truly protect our relationship and your confidentiality in session. Let's talk about confidentiality for a moment. You are the person that can decide what you want to keep confidential. I must keep my relationship with you completely confidential except in cases of where you might harm yourself or others (see informed consent for details). Thus, if you post on my page, you are opening up the possibility of people inferring about our relationship or asking you about your connection to me. You get to decide what you tell people. You have a choice as to what you reveal about yourself online, however I will not reveal my connection to you. This is how I handle different social media options:

FRIENDING: To respect your privacy and confidentiality, I do not accept friend requests on my personal facebook page from current or former clients on any social networking site.

FANNING: You may "like" my facebook business page. However, the information on my facebook page is often on my website as well. If you "like" my page, you are choosing to reveal that you are connected to me in

some way. My business page exists to be a forum of information and inspiration. I will not engage in conversations with you on that page. However, if you find it helpful then that is great!

FOLLOWING: I sometimes publish a blog on my website and I post psychology news on Twitter or Instagram. I have no expectation that clients will want to follow my blog or Twitter stream.. You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you back. I mainly follow other health professionals on Twitter and I do not follow current or former clients on blogs or Twitter. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

INTERACTING: Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. Also if there were an emergency, I would not be able to respond timely as I do not check these accounts regularly. The best way to interact with me is by email or phone. If you post on my wall it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.
USE OF SEARCH ENGINES: You may have a facebook page, instagram account or twitter accounts. I do not "google" my clients or look up information on them for any reason. I think it is important that I know you as you are in my office. If I do come across your information online, I will move on and avoid reading content.
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BUSINESS REVIEW SITES: I do have a yelp page and other directory pages. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client. The California Association of Marriage and Family Therapist's Ethics Code states that it is unethical for MFTs to solicit testimonials.

Of course, you have a right to express yourself on any site you wish. If you do post a review, I cannot respond on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services I have provided. Board of Behavioral Sciences at 1625 North Market Blvd., 2nd Floor, Suite S-200, Sacramento, CA 95834, (916) 574-7830 or email BBSWebmaster@dca.ca.gov or file a complaint at https://app.dca.ca.gov/bbs/complaint_ssl.asp

Acknowledgement

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had

any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.
I also understand that I am responsible to Therapist for all session charges and other charges as described above.

__ _____
Client Name (please print)

_____ _____
Signature of Client (or authorized representative) Date

_____ _____
Katherine H. Jewett, MA MFTI (Therapist)