Uta Russell, LCSW
717 7th Street
Davis, CA 95616
Phone: (530) 400-4082
Email: uta.russell.lcsw@gmail.com

Licensed Clinical Social Worker
License number: #65006

Client-Therapist Agreement

Fees: My fee is $150.00 for each 50-minute session. Payment is due at the end of each session, unless other arrangements have been made. I accept cash, checks, Venmo, and credit cards through IvyPay for your convenience. Please let me know if the fee or the payment schedule presents a problem for you so that we can discuss another payment plan. Services provided outside of the scheduled therapy session, such as phone conversations longer than 10 minutes or reports, will be billed at $150.00 per hour or prorated. If you pay by check and it is returned, you will be responsible for any bank charges. Periodically, I may need to increase my fees. If my fees are raised while you are in treatment, I will give you at least one month's notice and ask you to openly discuss with me if the change is problematic for you. My goal is to not interrupt your treatment due to financial concerns.

Insurance: If I am an approved provider under your insurance plan, I will bill your plan for services. You agree to pay me all co-payments as required by your insurance. It is your responsibility to stay current with your insurance and to inform me if you become uninsured or if you are covered under a second health 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 I am happy to assist your efforts to seek insurance reimbursement, I am unable to 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 me.

Your insurance may request information regarding your treatment; if so, you consent to provide, or have me provide, the information they request. Also, please be aware that submitting a mental health invoice to an insurance company carries a certain amount of risk. Insurance companies do not cover every condition, problem, or issue that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage prior to the initiation of services. You will be responsible for all services rendered in the event that your insurance does not cover the costs of the services provided.

If I am not an approved provider under your insurance plan and your insurance policy allows for full or partial payment for providers outside a panel, I will gladly issue a monthly statement that you can use to seek reimbursement. Also, I will do the same if you are enrolled in a pre-tax spending program through your employer and can get reimbursed that way.

Missed or Canceled Appointments: Sessions are typically scheduled to occur one time per week at the same day and time if possible. I might suggest a different frequency depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. Your appointment is specifically reserved for you. If you have to cancel, please let me know as soon as you can. Unless a 24-hour notice is given, missed or canceled appointments will be charged for the usual session fee. Clients whose services are being reimbursed by insurance will be expected to pay the full fee for appointments missed without 24-hours advance notice. The insurance company will not cover an appointment for which you are not present, so the full fee will be your co-pay *plus* the amount the insurance would have paid if you were present.

For clients who have weekly therapy sessions, the number of cancellations is limited to 8 sessions per year. After that, clients need to pay me the full fee for every canceled session in order to keep their appointment slot. For clients who have sessions every other week, the number of cancellations is limited to 4 sessions per year in order to keep their appointment time.

Phone Calls and Emergency Services: I maintain a confidential voicemail system and check my messages regularly. I will return your phone call during business hours, Monday through Friday. If you have an urgent need to talk to me, please leave a voicemail and indicate the urgency in your voicemail. Because of the nature of private practice, I do not offer 24-hour crisis services. If you are in crisis, please call the 24-hour Yolo County Crisis Line at (530) 756-5000. In case of a life-threatening situation please call 911 or go to the nearest emergency room.

Confidentiality: I will keep the information that we discuss in our sessions confidential unless you specifically request a release of information in writing. There are exceptions to confidentiality that you need to know about. Please know that most of these situations are rare, but they are important for you to understand:

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.
2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
4. If a court of law orders me to release information, I am required to provide that specific information to the court.
5. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records of therapy private in court.
6. In order to provide you the best treatment possible, there may be times when I seek consultation from another licensed mental health professional. In these consultations, I make every effort to keep your identity confidential. Any consultant I use is legally bound by the same confidentiality laws that I am.

We need to discuss sensitive, clinical information in-person or over the phone depending what I consider most appropriate and helpful. For appropriate email or text communication, I will try my best to respond to you within 24 hours.

Potential risks of 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.

For parents who are raising children in two households:

By signing below you agree to the following:

1. You agree that neither parent can unilaterally terminate the child's therapy.
2. You agree that under no circumstance am I to be involved in any court proceedings.
3. You agree to keep this therapeutic relationship focused on your child, knowing that the child is my client.

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. I believe that therapists and patients 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. Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, 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.

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. 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 you or I determine 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.

Consultation

I regularly consult with colleagues in various specialty areas and also with the California Association of Marriage and Family Therapists (CAMFT) regarding legal and ethical issues. I seek consultation to improve my services. Clients' names and identifying personal information remain anonymous during these consultations. Your personal information is confidential unless you sign a release of information.

Acknowledgement and Consent

By signing this form, you are acknowledging that you understand and consent to what you have read above.

If you would like to discuss any of the above information further, before treatment begins, or at any time, please do not hesitate to contact me.

_____	_____	_____
Client's Name (print)	Client's Name (sign)	Date
_____	_____	_____
Client/Parent/Guardian (print)	Client/Parent/Guardian (sign)	Date
_____	_____	_____
Client/Parent/Guardian (print)	Client/Parent/Guardian (sign)	Date
_____	_____	_____
Witness (print)	Witness (sign)	Date