



Individual, Couples and Family Counseling
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Offices Practices/Consent to Treatment of Minors

Welcome to my practice – I appreciate the opportunity to serve your child and you. This document contains important information about my professional services and business policies. Please ask me if you have specific concerns or questions about this information.

Understanding the Therapeutic Process: Therapy, whether for adults, teens or children, is most effective when family members and the therapist make a commitment to the therapeutic process. Our first few sessions will involve an evaluation of your child or teen's needs, from which I will provide impressions of what our work will include and an initial treatment plan. Ideally, the therapy office becomes a safe and private place for the child or teen client to explore--through art, play and conversation--feelings, beliefs and challenges. This is best accomplished when a confidential relationship exists between the young person and the therapist (see *Confidentiality with Minors* section below).

Your Role as a Parent: As the most powerful and influential figures in a child's life, parents must be willing to explore their own challenges and make any necessary changes to help their child heal. Positive change in families becomes possible when parents foster an atmosphere of mutual respect, curiosity and compassion. Depending upon the age of your child and the issues involved, I will ask you to attend part or all of some therapy sessions, and to practice the skills learned in therapy at home with your child.

Psychotherapy has Both Risks and Benefits: As with any effort to create lasting change, psychotherapy requires time, energy and commitment. Psychotherapy can feel frustrating because we often cannot control the pace of change. On the path toward healing, clients may experience an increase in painful feelings; this is a normal part of the process. Usually people find psychotherapy helpful, although it can cause disappointing or unexpected outcomes. If you have concerns about your child's progress or any aspects of treatment, I invite you to discuss this with me in person or in writing. You are free to terminate at any time; however, I hope you will discuss this prior to stopping. I can give you a referral to other providers if you choose to discontinue our work together. If we cannot resolve your complaints, or if you feel I have acted in an unprofessional manner, you may contact the State of Nevada Board of Marriage and Family Therapists.

Payment: Your payment (by cash, check or debit/credit card) is due in full at the time of service, unless other clear arrangements are made with me. I collect payment at the beginning of each session.

Fees: Individual, Couples or Family Counseling

40-45 minute session: \$130

55-60 minute session: \$160

75-80 minute session: \$190

Telephone Calls: Any phone call longer than ten minutes will be charged at the regular rate (\$160/60 minutes)

Letters: Should you need me to write any letters on your behalf, you will be charged at the regular rate (\$160/60 minutes) for the time required to write the letter

Appointment Cancellation Policy:

Weekly/Bi-weekly Clients: Appointments cancelled with less than 48 hours notice will be billed to you, at the rate of the normal office visit, since that hour has been reserved for you. Please note that third-party payers will not pay for a missed session.

Monthly Clients: Appointments cancelled with less than five days notice will be billed to you, at the rate of the normal office visit.

I will make an exception to this policy for illness or emergency; otherwise, the cancellation fee applies. With sufficient notice, appointments can be rescheduled.

Telephone Contact and After-Hours Coverage: To reach me by telephone, call (775) 233-5977. You may leave a confidential message and I will return the call as soon as possible, although this may take more than 24 hours. It's my policy to limit contact between sessions (whether via phone, email or text) to discussion of scheduling; therapeutic issues will be discussed only during a scheduled appointment. If you are experiencing a crisis and in need of immediate assistance, please contact the Crisis Call Center at 784-8090 or an emergency service such as a hospital emergency room. As a private practitioner who treats many clients, I am not available for crisis intervention between sessions. If you feel your child's/family's situation is too acute to be treated on a weekly outpatient basis, please let me know. We can discuss adding appointments or referral to a practitioner or clinic more suited to your needs.

Confidentiality: Our discussions are kept confidential. **Information is never released to anyone**, including your spouse/partner or family, without your written consent, **except** as required by law or ethical conduct as noted below:

- 1) I am required by law to report any suspicion of abuse or neglect of children or vulnerable/elderly adults
- 2) If a threat of physical harm is made against yourself or toward a specific person, I will take steps to protect those in danger. This may include notifying law enforcement personnel and the intended victim, contacting a friend or relative, hospitalization, or referral for medication assessment.
- 3) If the issue of your mental status is raised in a court of law, the information in your case file can be subpoenaed and I can be compelled to testify about your treatment and your mental health. Examples of situations in which this might occur include: SIIS claim, competency hearing, insanity plea, child custody suit, being a witness or a defendant in a criminal case or law suit, or issues related to emotional damage or mental distress. I will not release information to the court without your permission (or the parent/guardian's permission) unless I am ordered to do so by a court order. If an individual who participated in couple or family therapy does not wish to release information to the court, I will attempt to refrain from releasing information, unless ordered by the court. *Please note, if you are or expect to be involved in a court action, it is my policy not to testify or otherwise participate in any legal proceeding unless I am legally compelled to do so.*
- 4) Your records will be released if you file a complaint with a professional licensing board.
- 5) To provide the best possible treatment, I regularly consult with other professionals about my cases; no identifying information will be given in these consultations.
- 6) All billing agents and report typists, as well as professionals who cover for me, are bound by this confidentiality agreement.
- 7) I make all efforts to protect your confidentiality when I call you. If you have special instructions for how I leave a message, please let me know; otherwise, I usually state my name, and leave a brief message. I ask that you return the call as soon as possible.

Services to a Minor Client: If the client is a minor, the parent/guardian has the right to refuse treatment for the minor. It is my policy to generally obtain consent from both legal parents/guardians for services to a minor. Should one parent actively deny consent to treatment, I generally will not provide treatment services. Even in the situation of divorce or where one parent seeks and pays for treatment, the other legal parent has a right to consent to/deny treatment and has full access to their child's records (unless these rights are waived as described below).

Please indicate (initial below) if the other parent/guardian, with legal parenting rights, does not have knowledge of, or has disagreed with, therapy for this child _____
(print your initials, or write N/A if Not Applicable).

If not, may I contact him/her? yes/no Name: _____
Phone: _____

Confidentiality with Minors: Under Nevada law, a parent or legal guardian is considered the client for the purposes of treatment decisions and permitting release of information. It is my policy to request an agreement from parents/guardians that they consent to give up access to their child's records. If they agree, I will only provide them with general information about their child's work with me, unless I believe their child is in immediate danger of harm to their life, health, safety, or severe legal problems. The parent/guardian should clearly tell me of any specific matters about which they wish to be informed. Unless stated otherwise, minors and parents are hereby informed that I will use my professional judgment to determine when confidential information provided by a minor is shared with a parent/guardian. If the minor is granted this privilege, all records will be safeguarded, even from parents/guardians.

_____ Initial (parent/guardian) here to indicate acceptance of the minor holding the privilege.

Electronic Communication and Confidentiality: My office phone is a cell phone. If we speak on the phone, or communicate via text or email, there is (as with any electronic communication) a small risk of interception by a third party. Your signature below constitutes full acknowledgement of this potential risk to your confidentiality, and a waiver of any liability on the part of Judith Mathews MFT for any breach of confidentiality resulting from electronic communication.

