

Molly Carr, AMFT



801 Alhambra Blvd, Suite 1 | Sacramento, CA 95816

916.407.4410 | mollycarr.counseling@gmail.com | Supervised by Annie Temple, LCSW

Treatment Agreement

Welcome to the practice of Annie Temple, LCSW. Psychotherapy services are provided by Molly Carr, AMFT, under the supervision of Annie Temple, LCSW. This document includes important information about the professional practice and business operations. In addition, it contains information about how your Protected Health Information (PHI) is managed, as required under the Health Insurance Portability and Accountability Act (HIPAA). As with any therapeutic relationship, it is important to outline the boundaries, limitations, and expectations at the outset. Please read through this document carefully and feel free to ask any questions you may have. Once signed, this document will represent an agreement between us.

Client Name: _____

Date of Birth: _____ / _____ / _____

Confidentiality & Privacy Policy

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission.

Exceptions include:

- Suspected child abuse or dependent adult or elder abuse, which I am required by law to report immediately to the appropriate authorities. This includes physical, emotional, and sexual abuse, as well as neglect.
- A duty to warn, sometimes referred to as the Tarasoff duty, when there is a serious threat of physical violence toward an identifiable victim made by the client or the client's family members, as outlined in California Civil Code 43.92(a).
- A reasonable suspicion that you are a danger to yourself or others.
- Other circumstances such as a valid subpoena or court order, as well as the disclosure of information necessary to bill insurance companies when applicable.

You will be informed of any disclosure whenever possible, and in the event that disclosure is required, I will make every effort to provide only the minimum amount of information necessary to comply with the law.

→ Signature: _____ Date: _____

Professional Record Keeping

At this time, I utilize protected electronic and paper records, which will be secured under three locks at any given time, in accordance with HIPAA guidelines. Records may include forms completed, dates of sessions, types of services provided, diagnosis/differential diagnosis, symptoms, treatment plans/goals, and progress in therapy. Per California law, records will be kept at a minimum of 7 years post treatment termination date or 7 years after a client's 18th birthday.

You have a legal right to review your records and may make a written request to review records at any given time. As is standard practice, I will provide a summary statement of your record unless there is a specific reason the entire record must be produced. Upon such a request, I will provide your record or summary statement of your record within 14 days. Please note that I will treat any information provided by third parties as part of your records and protect them as such. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. In the event that you do review the full records, I recommend that they are reviewed in my presence so that we can discuss the contents. Finally, as per NASW Code of Ethics, if there is compelling evidence that providing records would cause serious misunderstanding or harm, I will make an effort to interpret records and/or withhold potentially harmful portions of records.

Session Times, Fees and Payment

Intake sessions are sixty minutes in length, and subsequent sessions are fifty minutes. The standard full fee is \$125 per session for individual therapy and \$135 per session for couples therapy, unless a reduced fee has been agreed upon in advance. Sliding scale fees are offered on a limited basis and must be discussed and confirmed prior to the first session. Payment is due at the time of service and may be made by cash, check, or credit card. If utilizing insurance benefits, any applicable copayment or coinsurance is due at the time of service. I will make reasonable efforts to bill insurance companies with which I am contracted; however, clients are ultimately responsible for the full fee if insurance does not reimburse for services.

Court Involvement and Subpoenas

I strongly prefer not to get involved in legal matters pertaining to clients. I ask that my clients refrain from involving me in legal matters including issuing subpoenas. It is my desire and ethical obligation to preserve the confidentiality and trust that is established in the counseling relationship. Having me and/or my records subpoenaed often damages this relationship. It is in your best interest to know that conducting expert witness testimony is not my area of expertise. I can refer you to another professional who can provide this service if needed. I will not attend court or deliver my records unless a valid subpoena is issued. If you cause a subpoena to be issued for me or my records, you will be responsible for all charges involved. If you or your child become involved in legal proceedings that require my participation from another party, you will be responsible for all charges. Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I will bill the party responsible for my participation at the rate of \$390 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs. Please note you may be responsible to pay my fees for participating in legal matters even if you did not cause my involvement.

Communication and Social Media Policy

Please contact me by phone at (916) 407-4410 or by email at mollycarr.counseling@gmail.com if you need to get in touch. I will return calls and emails within twenty four hours unless you indicate that the matter is urgent. Text messages are accepted only for scheduling or rescheduling appointments, cancellations, or other brief logistical communication. All other communication will generally take place during scheduled therapy sessions. If urgent therapeutic concerns arise that require a phone consultation, this time will be billed at the standard session rate. In the event of a crisis or psychiatric emergency, please call 911 or go to the nearest hospital emergency department. Please note that I do not accept friend or connection requests on social media platforms such as Facebook, Instagram, or Twitter from current or former clients. This policy is in place to maintain appropriate therapeutic boundaries and to protect client confidentiality.

Risk Disclosure

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, for therapy to be effective, active participation is necessary during the treatment process. During treatment, you will be asked to try new ways of thinking and behaving in order to achieve your treatment goals. Additionally, you may be asked personal questions in order for the clinician to better understand your needs. You are encouraged to engage in this process and voice your goals for therapy. However, these improvements cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Uncomfortable feelings and thoughts may arise throughout therapy and are a normal part of the process. If at any point you believe therapy is harmful, I recommend you speak with me in order to process what is happening during therapy and determine whether continuing therapy would benefit you.

Insurance

Please note that insurance companies typically require therapists to assign a clinical diagnosis. In some cases, I may be required to provide additional clinical information, such as treatment plans, progress notes or summaries, or, in rare circumstances, copies of the entire clinical record. Any information disclosed to your insurance company becomes part of their records and is often stored electronically. While insurance companies state that they maintain confidentiality of this information, I have no control over how it is used or protected once it is in their possession. In some cases, this information may be shared with a national medical information database.

Upon request, I will provide you with a copy of any report submitted to your insurance company. By choosing to use your insurance benefits, you authorize me to release the required clinical information to your insurance company. I will make every effort to limit disclosures to the minimum information necessary to comply with insurance requirements.

Cancellation Policy

Scheduling an appointment involves the reservation of time specifically for you. Once an appointment hour is scheduled, you will be expected to pay the standard fee for it unless you provide 48 hours advance notice of cancellation with exception of health emergencies. If you are late for a session, I am not required to extend the appointment to make up for lost time, and if you have not called ahead, I may not wait more than 25 minutes.

Acknowledgment: I understand that I must cancel sessions 48 hours in advance, or I will be billed for the scheduled hours. _____ initial(s).

Sign below to confirm that you have reviewed and understand the cancellation policy.

→ Signature: _____ Date: _____

Consent to Treatment

I consent to receive psychotherapy services with Molly Carr, AMFT, under the supervision of Annie Temple, LCSW. I understand that while I may experience benefits from treatment, results cannot be guaranteed, as many factors are outside the control of the therapist. I understand that I have the right to refuse or discontinue treatment at any time and that I have the right to be informed of the risks associated with ending therapy. I understand that I may ask questions about my care at any time and that I am encouraged to take an active role in my treatment.

Sign below to confirm that you have reviewed the treatment agreement and understand the risks and limitations of psychotherapy.

→ Signature: _____ Date: _____

Molly Carr, AMFT

Associate Marriage and Family Therapist
Registration Number: AMFT 156565
Supervised by Annie Temple, LCSW
License Number: LCSW 75266

If you have any questions, concerns, or complaints about the services you are receiving, you are encouraged to first discuss them with Annie Temple, LCSW, who is the supervising clinician. Many concerns can be addressed and resolved through open communication. If you are not comfortable doing so, or if the concern is not resolved, you also have the right to contact the California Board of Behavioral Sciences.

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