

Janice Brown-Silveira, M.A. LLC
Licensed Marriage and Family Therapist
1325 Airmotive Way #175S Reno NV 89502
Phone: (775) 771-3866
Office Practices and Consent to Treatment Form

As a Marriage and Family Therapist, it is important to me that my clients are fully informed regarding my office practices and their rights regarding behavioral and mental health treatment. The following information is important for you to know now that you are considering utilizing psychotherapy services. We will review these issues in our initial meeting. If you have questions regarding any of these topics, or others, please feel free to ask me.

1) Therapy Sessions:

Generally, our sessions will take place in my office at 1325 Airmotive Parkway. Sessions will last 50 minutes unless other arrangements are made. When clinically warranted and appropriate, we can schedule meetings in your home, on the phone, or in the community. Your family members or friends can also be included in your treatment. If any of these types of sessions seem appropriate, we must, and will, discuss them fully beforehand, including any additional fees that may apply. It is expected that sometimes events will occur that will make it impossible for you to attend a scheduled session. If this should happen, please call to cancel no later than 24 hours before your session or by Friday 4:00 PM if your session is on a Monday.

2) Limits of the Therapy Relationship

Therapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client *only*. Because I am your therapist, additional relationships like these are improper:

I cannot be your supervisor, teacher, or evaluator.

I cannot provide therapy to people I used to know socially, or to former business contacts.

I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.

I cannot give legal, medical, financial, or any other type of advice outside the scope of my professional expertise.

There are important differences between therapy and friendship. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their client's secret. Therefore, I may not acknowledge you when we meet in a public place. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends. In sum, my duty as therapist is to care for you and my other clients, but *only* in the professional role of Marriage and Family Therapist.

3) Confidentiality

Confidentiality is vital to a therapy relationship. Confidentiality means that I will not reveal any information about you (including that you are my client) to any other individual or organization without your explicit permission. However, there are important legal limitations to confidentiality that you should be aware of. I am legally required to break confidentiality under the following conditions:

✂ If you inform me of any child abuse or elder abuse.

✂ If you give me reason to believe that you would be a danger to yourself or someone else.

✂ If you become involved in a legal proceeding and a valid court order is issued instructing me to provide confidential information about your treatment to the court.

You should be aware that I use a billing service in conjunction with Tami Burkett to obtain payment for services and to track my client's payments. In order to facilitate billing activities, some information regarding our relationship will be related to others, for example, banks or insurance companies, depending upon how you intend to pay for services. Additionally, if it becomes necessary for me to use a collection agency to obtain payment,

information about your identity and our relationship would need to be shared with the agency. Please know that it is of the highest importance to me to protect your family's privacy. When it is necessary to share confidential information, know that I will share ONLY the information necessary, and that I will always attempt to inform you prior to any compromise of your confidentiality.

Please also be aware, that any electronic transmission of information between my office and you or your insurance company, whether by cell phone, e-mail, or FAX machine poses a risk to your privacy. These devices are not secure and I have no control over information transmitted by these means. This information is potentially available to anyone with the ability to retrieve it.

I HAVE READ JANICE BROWN-SILVEIRA'S CONFIDENTIALITY POLICIES AND HAVE HAD THEM FULLY EXPLAINED TO ME. MY SIGNATURE BELOW INDICATES THAT I AUTHORIZE JANICE BROWN-SILVEIRA TO ELECTRONICALLY TRANSMIT INFORMATION.

Signature _____

4) Benefits and Risks

While no one can make a guarantee regarding the outcome of psychotherapy, over 50 years of carefully designed research have documented its effectiveness in addressing mental health and behavior issues and other life problems. During our initial sessions, we will directly discuss your goals for therapy, and my impressions of the degree to which my services can help you reach those goals. While little research has been done on the potential negative effects of psychotherapy, experience has shown that being in therapy can bring up painful emotions and memories, and may be disruptive to interpersonal relationships. It has been said that in therapy things may get worse before they get better. I will discuss any foreseeable concerns I have regarding therapy related risks with you on an ongoing basis. I fully invite you to do the same. I encourage you to feel free to consult with me in person, by telephone, or by letter regarding therapeutic progress or any other concerns you may have.

5) Financial Issues

You and I will complete a separate financial agreement form as part of our initial session. Payment in full is expected at the time of each session. You have the option of paying by cash or check. If you are experiencing financial hardship, we can also discuss a "sliding scale" fee for my services. If I am not able to accept your health insurance, I can provide you with an itemized receipt for services that you can submit to your insurance company for reimbursement. While you must discuss any details regarding your coverage or reimbursement with your insurer, feel free to let me know if there is any other way that I can assist you in being reimbursed. If you plan on utilizing your insurance to pay for services, please note that you will be responsible for any non-authorized or non-covered services.

6) Alternative Treatments

The type of treatment I provide, motivational interviewing, cognitive behavioral psychotherapy and EMDR, have been shown to be successful in helping people address a wide variety of problems and concerns. However, you should know that there are many different types of mental health treatment, and that you may find them helpful. There are a number of medical treatments that are believed to be effective in addressing emotional and behavioral concerns, as well as other psychotherapy treatments, and alternative medicine. I will be happy to discuss any of these options with you, to the degree that I am professionally able, to see if they would be useful for you to utilize in addition to, or instead of, our sessions. You should know that selecting a mental health professional to work with is a very personal process. If you do not feel that you and I will be able to work together effectively, either now or in the future, I will be happy to assist you in locating a new therapist or an alternative method of addressing your concerns.

I _____ have reviewed the preceding information with Janice Brown-Silveira and have had all my questions answered fully.

I do hereby seek and consent to take part in treatment with Janice Brown-Silveira. I understand that developing a

treatment plan and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I will keep my therapist fully up to date about any changes in my feelings, thoughts, and behaviors.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Janice Brown-Silveira.

I am aware that I may stop my treatment with Janice Brown-Silveira at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

This agreement shows my commitment to pay for Janice Brown-Silveira's services. It also shows her willingness to use and share her knowledge and skills in good faith. I understand and accept that I am fully responsible for my financial agreement with Janice Brown-Silveira, but that she will aid me in obtaining benefits from any insurance coverage I have. I know that I must call to cancel an appointment at least 24 hours (1 day) before the time of the appointment. I agree to pay a "no show" fee for uncanceled appointments or those where I fail to give enough notice that I will not attend. The only exceptions are unforeseen or unavoidable emergency situations arising suddenly.

I am aware that Janice Brown-Silveira utilizes a billing service, and that information regarding the type(s), cost(s), date(s), and providers of any services or treatments I receive will be shared with Tami Burkett administrative staff so that they may bill for and/or track these services. I understand that if payment for the services I receive here is not made, that Janice Brown-Silveira may stop my treatment.

I understand that this agreement will become part of my record of treatment.

My signature below shows that I understand and agree with all of these statements.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client (if necessary)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date