

AMY BARTEL, LMFT
LUMINOUS THERAPY, INC.
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Risks and Benefits of Psychotherapy:

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: process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all 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 the Therapist will challenge Client's perceptions and assumptions, and other different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decisions on the status of his/her personal relationships is the responsibility of the Client.

Confidentiality:

Any and all information shared between you and your Therapist is confidential and will only be shared under the following conditions:

1. You authorize the release of information in writing for the purposes of consultation.
2. Therapists are required by law to report child, elder or adult dependent abuse to the appropriate agency.
3. Therapists are required to intervene appropriately with threats of serious harm to yourself or others. This could require reporting to police or appropriate agency.
4. A court of law subpoenas information for a legal proceeding.

Couple Therapy and Confidentiality:

Therapist will not disclose any confidential information about the couple's treatment unless both parties receiving treatment provide written authorization to do so. However, it is important to know that confidentiality does not apply between the couple. Therapist will use her clinical judgment regarding revealing information, but in general does not agree to keeping secrets between relationship partners who are being treated together.

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, or 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 the Therapist's usual and customary hourly rate of \$125/hour.

Payment:

Fees range, and will be established during the first session. The fee is payable at each session unless otherwise agreed upon. Checks should be made payable to Amy Bartel. Returned checks are subject to a return check fee of \$25. Cash and credit cards are also welcome, though there is a small fee for credit card processing. Please note, ***unpaid fees will be turned over to a collection agency after three months, unless a payment plan has been made.***

Cancellation Policy:

Therapist reserves an ongoing time for you in her schedule. Therapist requires **24 hours notice** in advance of your appointment in order to not be charged for cancelling a session. Cancellations that occur within the 24 hour period, or no-shows will be charged the full session fee. Therapist can make an exception of charging the fee for the cancellation if you can reschedule your appointment for the same week. However, this option depends on availability and is not always possible. If your cancellation is due to an emergency or illness, it may be excused.

Lateness Policy:

If you are late for your session, we will still need to end at the appointment time and to charge for the full session. If you are using insurance you are expected to be on time for your sessions so the appropriate session charges may be applied.

Out of Network Insurance:

If your insurance company accepts invoices from providers out of network, upon request, Therapist will give you a monthly receipt at the end of the month that you can submit for reimbursement. Most insurance companies require a diagnosis code and procedure code, which Therapist will need to include on the receipt.

Telephone Messages:

This office receives calls 24 hours a day. All messages left on the voice mail are confidential. Therapist retrieves messages several times a day and tries to return calls within 24 hours. If you leave a message at night or during the weekend, Therapist may not be able to call back until the next business day.

Success in Therapy:

Success in therapy is achieved most readily when Client has regular attendance and a good level of participation inside and outside of therapy. Client may be asked to increase awareness of triggers, etc. outside of therapy; and/or to apply certain techniques or coping skills to reduce troublesome symptoms and increase personal growth. Therapist helps Client access their own inner resources and wisdom, to create success after therapy has been discontinued.

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 the Therapist. Therapist will not alter his/her normal record keeping process at the request of any Client. Should Client request a copy of the Therapist’s records, such a request must be made in writing. Therapist reserves the right, under Oklahoma/California 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.

In an Emergency:

In some instances, you might need immediate help at a time when your therapist is not available or cannot return your call. These emergencies may involve suicidal thoughts, or wanting to hurt someone else, or thoughts of committing dangerous acts. If you find yourself in an emergency situation visit the nearest Emergency Room and ask for the mental health professional on call. You may also call the following number for support:

National Suicide Prevention Lifeline 1-800-273-8255

Protected Health Information:

This is a summary of your rights with respect to Protected Health Information. You have the right to request to inspect or copy your protected health information. This is granted if no harm to you exists in such. You must make all requests in writing, and if a copy is made for your records, you will be charged \$0.25 per page. You have the right to identify where you would like any communication from our office to be sent, and what means of communication you will allow (i.e., fax, verbally, ect.) You may request detailed copy of the Notice of Privacy Practices, and discuss any questions or concerns at any time.

Statement of Professional Disclosure:

Therapist is required by law to furnish you with information regarding her license to practice as a Licensed Marriage and Family Therapist: (License #991) in the State of Oklahoma awarded by the Oklahoma State Board of Behavioral Health. (License #LMFT42549) in the State of California awarded by the Board of Behavioral Sciences. The licensing websites are: <http://www.health.ok.gov> and www.bbs.ca.gov respectively, where you can access the law and regulations which govern Therapist's licenses. We will furnish you with printed materials about the requirements of licensure if you so desire.

**My signature indicates that I have read these statements and consent to treatment.
(You have a right to request and receive a copy of this Consent for Treatment form.)**

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____