

## Informed Consent/Client Bill of Rights

This document contains important information about the professional services and business policies of *Solutions for Life Counseling & Services*. Please read it carefully. Because the signed document constitutes a binding agreement between you and *Solutions for Life Counseling & Services*, it is important that you do not sign it until you fully understand the policies and all of your questions have been answered. You will be given a copy of the signed agreement for your records.

The client has the right to be informed of certain policies and procedures before giving consent for psychological assessment or therapy services. A psychological assessment can help the client, professional service providers, and family members to determine how best to assist the client in achieving their goals, such as better academic performance or improved behavior. Therapy services can assist the client in achieving their goals at home and in the educational setting.

### Philosophy of Practice

The mission and vision of *Solutions for Life Counseling & Services* is to help transform the lives of children and families by operating with compassion and integrity in providing professional educational and psychological services. My therapeutic approach is solution-focused and includes cognitive behavioral therapy techniques. I believe that there is always hope and that nothing is impossible.

Company values include the following:

- Integrity: I approach each client with an honest, sincere, and genuine spirit.
- Compassion: I demonstrate compassion to each client no matter their reasons for seeking support.
- Hope: I cultivate an attitude and environment of hope for each client. No situation is too dire. No skill is unattainable.
- Change: I help each client identify their goals and encourage them that change is possible.
- Solution-Focused: I maintain a solution-focused approach with an intent for positive outcomes and direct application.

### Services/Fees

- Therapy: Therapy sessions are 60-minutes. Fees are \$180 per hour.
- Assessment: Assessments vary upon referral request and individual client needs. The process includes an intake conversation, multiple in-person testing sessions ranging from 2-6 hours each, rating scales completed by parents and possibly others (e.g., teachers), observations if applicable, scoring and analysis, report write-up, and a final

in-person meeting with parents reviewing the report and recommendations. Assessment fees vary from \$1500 to \$3600.

### **Billing**

Current payment methods include cash, check, Venmo, or Zelle. Checks can be made payable to *Solutions for Life Counseling & Services*.

- Full payment for therapy sessions is due at the time of services rendered, unless an alternative payment plan is agreed upon by the provider and client in advance.
- Assessment payments are requested in two installments: 50% at the beginning of services, and the remaining 50% payable upon completion of the report.
- Insurance is not accepted at this time. Upon request, I can prepare what is called a Super Bill for clients to submit to their insurance companies to see if they can be reimbursed.

### **Cancellations and No-Shows**

Twenty-four (24) hours advance notice is required for cancellations and/or rescheduling requests. I understand that urgent matters sometimes arise, so will not charge a fee for the first missed session. Future missed sessions may result in the full hourly fee charged to your credit card on file if your session is not canceled within 24 hours.

### **Testing Risks and Benefits**

Testing is typically not an emotionally charged activity, but anxiety and/or frustration can arise during certain tests. Testing results can also lead to a mixture of reactions from the client or the client's parents. Every effort is made to mitigate any negative impact testing may have on the client. Therapy and assessments may include some psychological discomfort depending on the nature of the concern. Families are advised to communicate their concerns to the educational psychologist so that they may be addressed.

### **Confidentiality**

I will keep your communication with me confidential except where specified by law. As a licensed therapist, I am required to report abuse of a minor, dependent adult or imminent danger to self or others.

### **Abuse**

If there is reasonable belief that abuse, neglect, or violence is happening, the licensed educational psychologist is required by law to report the abuse to a government agency.

### **Records**

A licensed educational psychologist shall retain a client's health service records for a minimum of seven (7) years from the date therapy is terminated. If the client is a minor, the client's health service records shall be retained for a minimum of seven (7) years from the date the client reaches 18 years of age. Health service records may be retained, in a secure location, in either written or electronic format.

## Contact

Please contact me via phone or email when you have questions or need assistance. Although I cannot always respond immediately, I monitor messages throughout the day and make every effort to return calls on the same day (except on weekends and holidays). If you are difficult to reach, include times when you will be available.

## Emergencies

- If you are experiencing an urgent matter, call your primary care physician or 911.
- If a family member is threatening violence or suicide, immediately call 911. The police are well trained to handle situations ranging from suicidal individuals to out-of-control teens.
- Additional numbers that may be helpful include:
  - California Youth Crisis Line: (800) 843-5200
  - Child Abuse Hotline: (800) 540-4000
  - Domestic Violence Hotline: (322) 681-2626
  - Elder Abuse Hotline: (800) 992-1660
  - Suicide Prevention Center: (310) 391-1253.

## Patient Bill of Rights (California Board of Behavioral Sciences)

Patients have the right to:

- Request and receive information about the psychologist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.
- Have written information about fees, payment methods, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning sessions.
- Receive respectful treatment that will be helpful to you.
- A safe environment, free from sexual, physical and emotional abuse.
- Ask questions about your sessions.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request and receive information from the psychologist about your progress.
- Know the limits of confidentiality and the circumstances in which a psychologist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your psychologist will discuss your case.
- Refuse a particular type of treatment, or end treatment without obligation or harassment.
- Refuse electronic recording (but you may request it if you wish).
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and the type of treatment.
- Report unethical and illegal behavior by a psychologist.
- Receive a second opinion at any time about your sessions or psychologist's methods.
- Have a copy of your file transferred to any psychologist or agency you choose.

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Please sign here if you understand and agree to the above. Thank you.

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Parent Signature (if client is under the age of 18)                      Date

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Client Signature (if 18 years or older)                                      Date