Kimberly Allen-Hardey LMFT ~ CA License #44614

916-718-8638

Thank you for selecting me as your therapist! Therapy is a process that may lead to problem solving, resolving grief and loss issues, and reaching personal goals. You may experience changes that have benefits and risks, and such changes can affect how you relate to others. Sometimes throughout the process you may feel worse before you feel better. Don't hesitate to give me feedback about how you are feeling. Remember you have hired me to work for you! I am open to any questions you have about treatment. Feel free to let me know if you are having unmanageable painful feelings or if you feel like the therapeutic relationship isn't a "fit". Not every therapist is a fit, and that is perfectly fine. Therapy is hard work and clients should feel comfortable with their therapist.

Confidentiality:

The information disclosed by Clients is confidential and will not be released to any third parties without written authorization from the Client or Legal Guardian, except where required or permitted by law. Exceptions to confidentiality include:

1. Suspicion of child abuse including physical, sexual, emotional, neglect. This includes historical abuse.
2. Suspicion of dependent adult or elder neglect or abuse.
3. Reasonable belief that you are a danger to yourself or a danger to others.
4. Reporting diagnosis, therapy needs and goals for authorization of benefits when using insurance.

Initial Here: _____

Therapist Availability:

If you need to speak with me you may do so by calling my business phone at **916-718-8638.** You may leave a confidential voicemail 24 hours a day 7 days a week. I will make every effort to return calls the next business day or within 24 hours. I am not able to return calls when in session. I am unable to provide 24-hour crisis service. In the event that you, your child or your spouse is feeling unsafe or requires immediate medical or psychiatric assistance you should call 911 or go to the nearest emergency room. Please note that I do not have office hours Friday to Sunday.

Text messages are also accepted on my business phone. Please let me know if you prefer to communicate via text message. Please note that while every effort is made to keep all communication private, text messages and email is not as secure as phone communication. If you decide to use electronic communication, you are doing so at your own risk.

Initial Here: _____

Fees:

My standard fee for a 50-minute session is $150.00. Fees are to be paid at the time services are rendered. I accept cash, check, and most major credit cards. I also accept Zelle, however your accounts for these apps must be private to ensure confidentiality. In situations where parents are divorced or separated, the parent who brings the child to the session is responsible for paying the fees. I am happy to provide receipts so that parents who wish to split the cost can do so on their own. I do not keep track of who paid fees and when.

Initial Here: _____

Phone consultations lasting longer than 10 minutes will be charged at a rate of $50 per 10-minute increment. You will always be notified PRIOR to receiving any charges for a phone call. Any written reports that are requested will be charged at a rate of $150 per hour.

I am also available to attend school meetings, such as IEP (Individual Education Plan) Meetings or other meetings where my input could be beneficial. Meetings are charged at a rate of $100 per hour including travel time.

Court appearances are charged at rate of $150 per hour for a minimum of 8 hours.

Initial Here: _____

I am ethically bound to offer a reduced fee for individuals and families that are limited financially. In the event that all of my reduced fee slots are full I will provide clients with referrals to another low-cost provider or agency. Clients are responsible for any charges due to returned checks.

Initial Here: _____

I do not accept insurance. I can provide super bill receipts that you can submit to your insurance company for fees paid for therapy. Please let me know if you would like a super bill.

Initial Here: _____

Cancellation/No Shows:

If you need to cancel or reschedule your appointment, **you must do so within 24 hours of your appointment, otherwise the full session fee of $150 will be charged**. In the event that you are late for your appointment we will still have to end on time as a courtesy to my next client, however the full session fee will apply. The fee is based on the time reserved not the amount of time used. I prefer not to see you if you are sick and especially if you or your child are running a fever. If you are sick and we can switch to a Telehealth session. I offer one emergency late cancellation per year. This is for medical emergencies only. Please plan accordingly.

Initial Here: _____

Permission for Treatment of Minors:

Clients under the age of 18 who are not emancipated generally require parental consent in order to be in treatment. Parental consent must come from a parent or guardian with legal custody. If the minor is the subject of a divorce or custody arrangement it is required that both parents sign the informed consent form for treatment, unless a copy of the custody agreement is provided indicating that only parent is required to sign. Generally the first session is a "parent only" session to complete paperwork and to get a complete history of the child. Please let me know if you have any questions or concerns about the policies and procedures surrounding the treatment of minors.

Initial Here: _____

I have read pages 1, 2, and 3 of this agreement and I have had my questions answered. I agree to the follow the terms of this agreement.

_____ _____

Client Date

_____ _____

Client Date

_____ _____

Parent/Guardian Date

_____ _____

Parent/Guardian Date

_____ _____

Kimberly Allen-Hardey LMFT Date

_____ I have received a copy of privacy practices for Noble Hearts Counseling.