



BOB HUEY, MA, LMFT

501 Atkins, Ridgecrest, CA • 760.382.1783

CONFIDENTIAL CLIENT INFORMATION

(*required data)

* Client's Name (or alias): _____ Birthdate _____

Sponsor's Name _____ Birthdate _____

SSN (* If required for Insurance or EAP only): _____ Sponsor _____

Address: _____

Gender: Male Female

Phone numbers (* if permission is given for this office to call about appointments):

Home _____ Cell _____ Work _____

Email (* if this office has permission to send emails about appointments): _____

Insurance Carrier/EAP: _____

(* a copy of the card or referral are required if Insurance is to be billed)

Emergency Contact – Name: _____

Address: _____ Phone: _____

All Fees except those paid by Insurance Agencies/EAPs must be paid after each session by the client. Mr. Huey's fee is \$100 per hour for individual and family sessions and \$150 for 1 1/2 hr EMDR session. Fees may be paid with cash, credit card, or check.

I hereby authorize payment directly to Robert J. Huey LMFT for counseling benefits, otherwise payable to me for services rendered based on the charges for these services. I understand I am financially responsible for these services.

* Date: _____ * Signature: _____



BOB HUEY MA, LMFT

Licensed Marriage and Family Therapist • MFC 35907
501 Atkins, Ridgecrest, CA • 760.382.1783 • Fax 760.446.7234

OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

This form provides you (client) with information that is additional to that detailed in the Consent for Treatment.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

When Disclosure Is REQUIRED By Law: Where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Mr. Huey.

In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Mr. Huey will use his clinical judgment when revealing such information.

Mr. Huey will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

EMERGENCIES: If there is an emergency during our work together or after termination, where Mr. Huey becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the Confidential Client Information sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/EAP in order to process any claims. If you so instruct Mr. Huey, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier. Mr. Huey has no control or knowledge over what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the congress-approved National Medical Data Bank.

Confidentiality of E-mail, Cell Phone and Faxes Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily

be sent erroneously to the wrong address. Please notify Mr. Huey at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), **neither you nor your attorney, nor anyone else acting on your behalf or your child's behalf will call on Mr. Huey to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.**

Consultation: Mr. Huey consults regularly with other professionals regarding his clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.

*Considering all of the above exclusions, if it is still appropriate, upon your request, Mr. Huey will release information to any agency/person you specify unless he concludes that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: Mr. Huey is **generally not available** between sessions. If you have an emergency you can go to the Emergency Room at Ridgecrest Regional Hospital. **A specific emergency plan will be developed with you in your sessions with Mr. Huey.**

Payments and Insurance Reimbursements: Clients are expected to pay the standard fee of \$100 per 50 minute session (or any part of an hour) and \$150 for 1 to 1 1/2 hour EMDR sessions at the end of each session unless other arrangements have been made, e.g. negotiated insurance reimbursement rate. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate (minimum of \$100 for any part of an hour), unless indicated and agreed otherwise. Please notify Mr. Huey if any problem arises during the course of therapy regarding your ability to make payments.

Mediation and Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Mr. Huey and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Kern County, in accordance with the rules of the American Arbitration Association, which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Mr. Huey can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

Dual Relationships: Dual Relationships include any relationship outside of the therapy sessions. Such relationships could impair Mr. Huey's objectivity, clinical judgment, or therapeutic effectiveness or could be exploitative in nature. Any relationship that is harmful to the client is unethical. Not all dual relationships are unethical or avoidable. Mr. Huey will assess carefully before entering into a dual relationships with any client. Ridgecrest is a small town and many clients know each other and Mr. Huey from the community. Consequently you may encounter someone you know in the waiting room or see Mr. Huey out in the community. **He will never acknowledge working therapeutically with anyone** without his or her written permission. Many clients choose Mr. Huey as their therapist because they knew him before they entered into therapy with him and/or are aware of his experiences and approaches. Nevertheless, Mr. Huey will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships.

Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. **It is your responsibility to communicate to Mr. Huey if the dual relationship becomes uncomfortable for you in any way.** Mr. Huey will always listen carefully and respond accordingly to your feedback. Mr. Huey will discontinue the dual relationship if he finds it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time. Relationships that are explicitly forbidden include any sexual relationship, employment, or being in any leadership position in the community where undue influence could be exerted on you as a client.

Mr. Huey is prohibited from “trading” or bartering services with anyone.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment Mr. Huey will discuss with you his working understanding of the problem, treatment plan, therapeutic objectives, and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Mr. Huey’s expertise in employing them, or any other aspect of the treatment or plan, please ask and you will be answered fully. You may request or be referred to a therapist with different expertise and experience in order to meet your needs.

Your plan will contain criteria for termination of services that are agreeable to you and Mr. Huey. You may terminate services at any time that your needs and goals are not being met.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits however requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behaviors. Mr. Huey will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Mr. Huey may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Mr. Huey’s focus will be on SHORT TERM therapy and helping clients take personal responsibility. The goal is to assist the client through any crisis and provide tools s/he can use in the future. Each client will be asked to become aware of emotions, thoughts and behaviors; take responsibility for affecting changes; learn to take control of those things within their sphere of influence; and change behaviors or accept aspects of their condition. Each client should leave therapy with a repertoire of tools to use in helping themselves accept, cope with, manage, reduce or eliminate emotional pain and take control of their behavior.

However, your life situation probably won’t change – you will still have to deal with your family of origin, your physical illnesses, your job, and your patterns – and hopefully you will react differently.

During the Course of therapy Mr. Huey will draw on various Psychiatric approaches and methods to include, but not limited to: Cognitive Behavioral; EMDR(level II); Attitudinal Healing; Gestalt; Psychodynamic; Art Therapy; solution focus; systems approaches; developmental; emotional release; vision and goal setting; problem solving; communication styles; psycho education; positive affirmations; reframing; inner child work (healing memories and patterns from developmental stages); changing habits and patterns; and awareness of projections.

In the case of children or adolescents, parents will be asked to change their own behaviors and reactions to their child, and assist with the reduction of stress that may be contributing to the child’s condition. Considering their developmental level, the child/adolescent will also be asked to take responsibility for their behaviors and to be aware of and influence or accept situations.

***Mr. Huey will **not be available during the months of June, July, or August.** Therefore he may not accept any clients after April first who are unable to contain/manage their symptoms within 2-8 sessions. Any continuing clients who need additional sessions will be referred to another therapist during that time.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have received a copy of the above Agreement and Office Policies and General Information and read them carefully; I understand them and agree to comply with them:

Client name (print) _____

Signature _____ Date _____

Therapist _____ Date _____



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CONSENT FOR TREATMENT

The undersigned and/or responsible party hereby authorizes and requests that BOB HUEY MA, LMFT (501 Atkins Ave., Ridgecrest, CA • 760.382.1783) is a licensed marriage and family therapist in the state of California and is hereby given permission to administer and perform any psychological evaluation, treatment and/or diagnostic procedures, which may now or during the course of treatment be deemed advisable or necessary. Mr. Huey's expertise lies in the areas of marriage, family and child psychotherapy; anxiety, depression and stress related disorders; all relationship and work issues.

I may revoke this agreement at any time either verbally or in writing.

I understand that any records or a summary of those records kept on me may be made available to me upon written request. Records generally include diagnosis, dates of contact, relevant treatment considerations, and progress made while in treatment. Records do not necessarily include specific comments or explicit detail for each session. Such records may be made available to other qualified professionals upon receipt of a signed release form. The only exception to this release of records might be requested under a court order.

The content of therapeutic sessions is bound by the laws of confidentiality with a few notable exceptions: 1) If you relate that you are actively suicidal or homicidal 2) If you report physical or sexual abuse of either dependent children or dependent adults, Mr. Huey is mandated by law to report such abuse to the proper authorities.

No information will be shared with family members not directly involved in specific sessions. Parents of an adolescent may report concerns but will not be given information about the session unless they participate.

If Mr. Huey does not believe that he can provide adequate services to meet your needs, it is understood that he will provide an appropriate referral to other sources. It is Mr. Huey's intention to practice Short Term Psychotherapy lasting two to ten sessions. However, it is common that psychotherapeutic services can continue up to twelve to fifteen sessions. On occasion, when both Mr. Huey and the client deem appropriate and helpful, these sessions may last longer. Marital and individual sessions are generally 50 minute sessions and EMDR sessions are 1.5 hours.

No therapy notes or documentation may be used for legal proceeding in a divorce or for custody of a child. All therapy for minor children is solely for their psychological well-being. Mr. Huey will NOT testify in any court hearing for any client.

On occasions psychotherapy can and does raise emotions and can cause emotional distress and disruption in life. Also be aware that psychotherapeutic treatment is not always effective in altering the presenting symptoms.

If you have an emergency and Mr. Huey is not available, it is recommended that you go to the local emergency room at either Ridgecrest Regional Hospital at 1081 N. China Lake Blvd., Ridgecrest, CA, or go to a local Emergency Room in the community where you are at the time of the crisis. Emergency procedures will be defined with you in your treatment planning.

Cancellation policy: Appointments are to be canceled 24 hours in advance, with the exception of emergencies. Failure to keep appointments will result in your being charged the full rate of \$100/\$150 for the time reserved. If you have any questions, please feel free to ask for clarification.

Signature of Client **(Or parent/legal guardian of minor)**

Other family members involved or consenting to treatment

Signature _____ Date _____

Signature _____

Witness: _____ Date: _____