

Kathy Radina, Med. LPC.
480-488-6096
www.kathyradina.com | kathyradina@aol.com
11 Sundial Circle #5

CONSENT FOR TREATMENT

About Counseling and Me;

I am a humanistic therapist with strong beliefs in how biology and early attachment affect personality and behavior. I have advanced training in Gestalt, Gottman, Imago and EFT therapy for couples. I am also EMDR Certified Eye Movement Desensitization and Reprocessing) and use it throughout my treatment.

I keep progress notes in a private file. You may have access to this file anytime you wish, however, if you participate in couple therapy, I will not be able to disclose the contents of the files without everyone's signature. our records will not be released to others without your prior written authorization. Exceptions will be made if they are required by court order, you indicate that you may be of harm to yourself or another, or if you disclose any type of child or elder abuse. In these cases, I am obligated by law to contact any parties involved, and/or the appropriate reporting agencies. If you sue for mental health injury, your mental health history (my file) may be requested by the court. In the event of my disability or demise, my administrator will refer all my files to an associate of equal credentials for disposition.

I sometimes receive consultation and supervision in order to ensure the best quality of care. I will, with your permission and knowledge, periodically tape (audio or video) part or all of a therapy session. These tapes are for professional development and will be destroyed as soon as they are reviewed privately or, with the help of a colleague from whom I am seeking guidance. Please understand that your identity will be protected at all times.

After an initial assessment, if I determine that the issue for which you are seeking help is out of my range of expertise, I will discuss other options with you.

As you might imagine, I may not be reached at all times. you may find yourself in the middle of a crisis after hours, or maybe even when I am on vacation and won't be available for several days. In the event of such an emergency, please call **Maricopa County Crisis line, 1-800-631-1314**; they have 24 hour crisis counseling. Understand that I am not affiliated with this agency, and they will know nothing about your case. Do not hesitate to call.

The Details: The fees for my services are as follows:

\$100 for a 50-minute session, individual or couple

\$150 for an extended session of 75 minutes.

Often clients schedule a double session of 100 minutes or an extended session for the initial visit.

\$50 for appointments canceled with less than 24-hour notice. (Insurance does not cover this.)

Fees are payable at the time of service. I accept cash, check, credit card and PayPal. These fees are negotiable; if they present a hardship please let me know.

The first five minutes of telephone counseling is free, after that I will bill you in 15 minute intervals payable at our next session. I am happy to counsel you on the phone if prior arrangements have been made, but it is my sincere belief that face to face counseling is the most effective.

My fee for writing letters or reports is billed at the session rate. My fee for consulting and travel time when applicable is \$200 per hour with a one half hour minimum. I do not have the qualifications to give expert court testimony, but if you insist, my fee is \$300 per hour, with a one-hour minimum, plus costs for reports and travel time as per above. Time spent waiting in court will be billed as travel time.

I am affiliated with United/Optum Insurance companies, and as part of that agreement I will bill those companies. Please understand that as a Masters Level therapist, I am not qualified to bill Medicare and therefore cannot accept the United Medicare Supplement. For other insurance, I am happy to give you a receipt that is accepted by insurance companies for reimbursement. Please be aware that a diagnosis ascribed for insurance purposes will be a part of that receipt. It is your responsibility to be aware of your benefits, and all fees are your obligation.

I understand the contents of this document, and by signing below do voluntarily consent to this agreement, and grant Kathy Radina, M. Ed., permission to provide outpatient therapy to me and/or _____.

(child/minor)

Signature: _____ Date: ____/____/____

Kathy Radina, M. Ed. _____ Date: ____/____/____