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(949) 466-4989

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### **Agreement for Services (Child/Adolescent)**

***Psychotherapy*** may include diagnostic services, individual, couple, family or group therapy, and psychosocial assessment. Treatment generally consists of face-to-face verbal interaction between a qualified professional therapist and the client. Professional therapy never involves any manner of sexual contact. Psychotherapy may have benefits such as better social relationships, improvements of problems, increased self-awareness. Uncomfortable feelings such as sadness, anger, and anxiety may develop over the course of treatment. Typically, uncomfortable experiences are temporary.

***Confidentiality and Exceptions:*** All information, disclosed by the patient or in the written records pertaining to therapy sessions are confidential and may not be revealed to anyone without the patient's written release, except where disclosure is required by law.

***When Disclosure is Required by Law:*** Some circumstances where disclosure is required by law are when the mandated reporter (such as a psychotherapist) has reasonable suspicion of child abuse, dependent/elder abuse, the patient presents as a danger to self, others, property, or is gravely disabled, or when there is a direct court order from a sitting judge (not a lawyer). Disclosure may also be required pursuant to a legal proceeding.

***Payment for Services:*** Payment must be submitted at the time of service. There are no exceptions to this rule. Checks, cash, and credit cards are acceptable. If needed, a bill can be provided for you to submit to your insurance company to request reimbursement. Please note: Some insurance carriers will reimburse for some psychotherapy, but it is not guaranteed. There is a \$25 charge for checks returned by the bank.

***Fees for Services:*** Patients are expected to pay the fee of \$195.00 for each (45 min) therapy session. The fee structure will be reviewed once a year at which time fees may be increased; however not more than \$10 over the current fee, and patients will be notified at least one month in advance.

***Emergency policy:*** In the event of a medical/psychiatric emergency, the patient should call 911/988 or go to their local emergency room first, to seek

immediate help. If a crisis situation should arise, the therapist may not be available for immediate consult due to seeing other patients. The therapist will return calls at her earliest convenience. All non-emergency calls will be returned the next working day.

***Cancellations/ late appointments:*** A cancellation must be made 24 hours prior to the beginning of the scheduled session or the full fee will be charged. In the event that a patient is late for an appointment, the therapist will stay twenty minutes before assuming the patient is not coming. If the patient should arrive within the twenty minutes, the remainder of the fifty minutes will be the patient's session. In the event that the therapist is late for an appointment, the patient should wait fifteen minutes; if the therapist is not there within fifteen minutes, the client will not be required to pay for that session or the following session. A situation involving the therapist being late is rare, but can be the result of an emergency situation.

***Complaints:*** If you have questions regarding these procedures, please contact me at (949) 466-4989. The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

I have read, understand, and agree with the preceding policies. I consent to my child's participation in treatment with the therapist listed below.

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*Responsible Party Signature*

*Printed Name*

*Date*

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*Relationship to Patient*

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*Patient Signature*

*Printed Name*

*Date*

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*Therapist's Signature*

*Date*