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Informed Consent To Treatment Agreement

This document contains important information about the professional services and business policies of Diane Cote' , LCSW, Licensed Clinical Social Worker, (a practitioner in solo or individual private practice), and certifies that you give permission to Diane to provide psychotherapy or counseling. Please read this information carefully, and make notes of any questions you may have so that we can discuss them. When you sign this document, it will represent an agreement between us.

Office Policies & Agreement for Psychotherapy Services

Psychological Services

The majority of individuals who receive psychological services (or counseling) benefit from the process. Psychotherapy is an opportunity to understand more deeply the problems or difficulties you are experiencing and to make important changes. Additionally, seeking services may not always be related to difficulties or problems. Some people wish to expand their personal growth, gain more psychological insight and learn to employ new tools that they may not have otherwise been aware of.

Psychotherapy involves a joint effort between client(s) and psychotherapist. Progress and success may vary depending on the particular problems being addressed and can depend on many factors including your motivation, effort and other life circumstances such as your interactions with family, significant other, friends, work environment, etc. In order for your therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Change is often gradual and patience and commitment to the process is helpful and can lead to positive outcomes. Yet, there is no guarantee that psychotherapy will yield positive or intended results. There are many different methods I may use to deal with the problems that you hope to address.

Psychotherapy may include verbal discussions, guided imagery, visualization, relaxation techniques, feelings sensations and/or experiences that do not necessarily reflect literal reality or historical accuracy. These experiences, however, can be very useful as metaphors or clues to explore new directions in psychotherapy.

While the benefits of psychotherapy are well known, some risks do exist. Since therapy often involves discussing challenging aspects of your life, you may experience uncomfortable feelings like sadness, anger, guilt, shame, frustration, loneliness, fear, etc. These feelings are a normal part of the process of therapy and often provide the impetus for behavior change. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress. Important personal decisions are often a



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result of therapy. These decisions, including changing behavior, exploring employment opportunities, substance abuse patterns, schooling or relationships are likely to produce new opportunities as well as unique challenges. Know that therapy can affect and change your relationships with others.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan with suggested goals. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should discuss any concerns whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional. If we move forward in working together, consultations with former mental health providers and other medical professionals may help me to better understand you and may be recommended.

Meetings, Office Hours and My Availability

My office days are Monday, Tuesday, Wednesday and Friday in San Mateo office, Thursday in San Francisco office. I only schedule daytime appointments. I do not offer evening appointments. Once psychotherapy has begun, I will usually schedule, one 50-minute session per week, at a time and day that we agree on. I will do my best to be flexible and meet your needs. However, I am managing the schedule for many clients and a set appointment day and time is beneficial for your planning and mine. Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours notice, or 2 business days (Monday – Friday), is required for re-scheduling or canceling an appointment. The full fee will be charged for appointments missed without such notification. If you cancel or reschedule within the 48 hours notice you will not be charged for your appointment. Please be aware that if you need to reschedule I may not have an available appointment for a least another week or longer. If you are using an out of network insurance benefit, know that they will not reimburse you for missed appointments. Please do not cancel or reschedule an appointment via e-mail. Please call into my voice mail to cancel or reschedule an appointment. If you show up late for your appointment, please know that we still need to end at our regular time.

I am often unable to answer my phone as calls come in. I use my confidential office phone service to retrieve my voice messages and I check it often. I generally return calls within several hours during the week. It may take me longer on weekends. After I have worked with a client for several sessions I will typically give out my cell phone number. Please know that calling or texting my cell phone is not confidential. Please see my Media Policy for more details.

When I plan to take time off I will usually let you know well in advance. I can offer you another mental health professional in my absence or you may decide to take a break until I return. We can discuss what would be best for you given your particular circumstances.



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Telephone & Emergency Procedures

To contact me, please leave a message on my office voice mail at 415-366-8830. If you are experiencing an emergency in San Francisco call California Pacific Medical Center, psychiatric emergency, 415-600-3333 or S.F. General Hospital Medical Center, psychiatric emergency, 415-206-8125. If you are located on the Peninsula, please call Mills-Peninsula Health Services ER at 650-696-5446.

Termination & Follow Up

Deciding when to stop our work together is meant to be a mutual process. Before we end, we will discuss what will work best for meeting less, or having a “check in” opportunity. If ending in this way is not chosen, I recommend that we have some closure on the therapy process to offer an opportunity to properly process the time we have spent together. How many sessions we take to do this depends on how long you have been in treatment.

Professional Fees, Billing & Payments

I am no longer participating as an in-network provider on mental health insurance panels. However, I am an out of network provider. Call your insurance plan mental health line for details on your “out of network mental health coverage.” Many plans cover anywhere from 30-70% for out of network provider services. I can provide you with a monthly invoice, which you would submit to your insurance claims department so they can reimburse you directly. If you need a receipt of services in order to submit to a flexible spending account, please request one.

Payment is expected at the time of the session. Please make the check out to Diane Cote'. My 50 minute fee is \$_____. The fee is to be paid at the start of each session unless other arrangements have been made. I accept checks and cash only. In addition to weekly appointments, I charge in increments of my hourly fee for other professional services you may need. Other services include report or letter writing, telephone conversations lasting more than a few minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

A monthly finance charge of \$5.00 or 1% (if this is greater) will be assessed on unpaid balances. If you carry an unpaid balance, and you do not make payment arrangements within 30 days, please be aware that your account may be forwarded to either a collection agency or Small Claims Court. If such legal action is necessary, its' costs will be included in the claim. In most collection situations, please be advised that I will release whatever information is requested by the collection service that has been provided on the intake form you completed (name, address, social security number, etc.) to facilitate collection of the monies owed. There will be a \$30.00 service charge for any returned check.



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Confidentiality

In general, the privacy of all communication between patient and therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions you should be aware of. The following are exceptions to the confidentiality of your therapy:

- (1) In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.
- (2) There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.
- (3) If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or contact family members or others who can help provide protection.
- (4) Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment, your name and other personal information may be sent to a collection agency or small claims court.
- (5) Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, dates of treatment, and procedure code. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy or future eligibility to obtain health or life insurance.

Overall, these situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.



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Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence to that we can discuss the contents. Patients will be charged my hourly fee for any professional time spent in responding to information requests.

Declaration of Medical Responsibility

My office policy requires that you take full responsibility for obtaining all necessary medical consultation and medical care from an appropriately licensed physician. I also require that you are in agreement to do this and not hold me responsible in any way whatsoever for any medical problems that you may now have or that may develop during the course of your therapy with me. It is also a condition of my office policy that you agree to inform me of any change in your medical condition.

Acknowledgment

I have fully read this Informed Consent to Treatment Agreement. I have discussed this form with Diane Cote', LCSW and I have had my questions answered by her to my satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement, and, furthermore, I consent to participate in treatment with Diane Cote', LCSW.

Signature

Date: _____

Signature

Date: _____