

Allow Your Well-being Group Practice LLC  
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909-241-8790

## **PSYCHOTHERAPIST/HYPNOTHERAPIST - CLIENT SERVICE AGREEMENT**

Welcome to Allow Your Well-being Group Practice, LLC, (Allow Your Well-being), (“we”), (“our”), or (“us”). We provide services and treatment aimed at improving mental health wellness for our clients. The purpose of this document is to confirm that you have received this information about our treatment and services facilitated by our practitioners. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. You can discuss any questions you have when you sign them or at any time in the future with your practitioner.

### **PSYCHOLOGICAL SERVICES**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Allow Your Well-being has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

You, the client, are responsible for providing complete, honest, and pertinent information for the therapist to better assist you in reaching your communicated goals. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, you go at your own pace and there are no guarantees about what will happen.

## HYPNOTHERAPY

Hypnosis works with the power of the subconscious mind to change habits and behaviors. The subconscious mind is considered to be the source or root of many of our behaviors, emotions, attitudes and motivations. Hypnosis is believed to be a powerful tool for accessing the subconscious mind and creating improvements in our lives.

The feelings and experiences one has in the hypnotic state can vary from individual to individual. Many people remain completely aware of everything that is going on while in hypnosis. Some individuals experience a hyper-awareness where sensations are perceived enriched and vivid. The ability to visualize or imagine is often enhanced. A feeling of deep relaxation is common and some people describe the hypnotic state as an escape from physical tension and emotional stress, while remaining completely alert.

The use of hypnosis could elicit memories of past events which may or may not be literally true. It is possible that events under hypnosis will be distorted or misconstrued. Memories or images evoked under hypnosis are not necessarily accurate and may be a construction or a composite of memories. Without corroborating information, it is not possible to determine whether a specific memory is true or false, even if it seems true to the client.

## APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time agreed on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to the client (individual, couple, or family). If you need to cancel or reschedule a session, we ask that you provide Allow Your Well-being with a 24-hour notice. If you miss a session without canceling, or cancel with less than a 24-hour notice, our policy is to collect the amount of your fee [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for attending your session on time; if you are late, your appointment will still need to end on time.

## CLIENT FINANCIAL RESPONSIBILITIES

You understand that a variety of services are provided at Allow Your Well-being and it is your responsibility to understand or inquire about the distinct services you are seeking. You understand, for example, services offered by a life coach are separate and distinct from services or treatment offered by a hypnotherapist.

You will be responsible for payment in full for all services provided to you by Allow Your-Well-being. Your signature below constitutes your agreement to pay for such services and acceptance of the following:

You understand payment is due at the time Allow Your-Well-being services are rendered, this include valid assignment of payment and if applicable, proof of insurance,

co-pays, deductibles, and full service fees if your insurance does not cover services provided. Rates for most, but not all, services are listed below.

Nadeshda Hernandez

45 minute Hypnotherapy/Psychotherapy/Life Coaching/EFT Tapping Session \$200

Amanda Marissa Rizo

50 minute Psychotherapy/Life Coaching \$150

## PROFESSIONAL FEES

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment are to be made via Square or cash.

In addition to appointments, it is our practice to charge this amount on a prorated basis (hourly cost will be broken down) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request. If you anticipate becoming involved in a court case, it is recommend that you and your practitioner discuss this fully before you waive your right to confidentiality. If your case requires the participation of your practitioner, you will be expected to pay for the professional time required even if another party compels your therapist to testify.

You understand you will be charged a monthly 1.5% fee for any unpaid balance after the initial payment is due. This fee will cease upon payment of the balance. You understand that any treatment provided by Allow Your Well-being and scheduled follow up appointments will cease after 10 days of nonpayment for a balance of \$200.00 or greater, unless you reach a payment plan agreement with Allow Your Well-being.

You understand that Allow Your Well-being may refer your balance or account to a collections agency and/or attorney, in which case you will be responsible for attorney's fees.

You understand that Allow Your Well-being does not currently accept Worker's Compensation patients. By signing below, you are confirming that you do not have an active psychological Worker's Compensation claim pending. If such a claim arises, you agree to inform Allow Your Well-being once the claim becomes active.

## CLIENT TREATMENT RESPONSIBILITIES

In order to provide the best service in accordance with the accepted medical standard of care and Allow Your Well-being's mission, we ask that clients agree to the following:

You understand that the benefits of your treatment and the quality of care you receive from a practitioner depends, in part, on providing full and accurate information to them regarding your medical, mental health, substance abuse, relevant legal and lifestyle history and current medical state and symptoms. You understand that it is your duty to inform, and you acknowledge and guarantee that you have fully informed your

practitioner of all illnesses, previous treatments, and other relevant medical history and information and that all such information is accurate, complete, and truthful. You further acknowledge and agree that all personal information that you have provided to Allow Your Well-being and your practitioner is true, accurate, and complete, including, but not limited to, your name and contact information.

You agree to notify your practitioner of any impending legal or law enforcement related proceedings which may require your practitioner's participation or compliance. You agree to make a written request to your practitioner when seeking potential associated risks, diagnostic reports or notes for employment related purposes.

You agree to allow our practitioners to perform the appropriate evaluation in order to make treatment recommendations. By scheduling a follow-up appointment with your practitioner, you agree to receive future treatment and services from your practitioner.

### CONSENT TO RECEIVE PSYCHOTHERAPY/HYPNOTHERAPY/LIFE COACHING TREATMENT AND SERVICES

By signing this form, you are consenting to receive mental health treatment and services provided by Allow Your Well-being. You understand all forms of treatment carry the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure.

You understand that you have the right to be informed of:

- The nature of the treatment or medications prescribed;
- Potential benefits, risks or side effects of the treatment;
- The likelihood of achieving treatment goals; and
- Reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

### PROFESSIONAL RECORDS

Allow Your Well-being is required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in our office. Brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records are kept on file. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with us, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have a right to have the decision reviewed by another mental health professional, which your therapist will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

## CONFIDENTIALITY

Our services are confidential except for the limits outlined in the Limits of Confidentiality, which are on a separate form. Please remember that you may reopen the conversation at any time during your work together with your therapist.

## COUPLES

Allow Your Well-being upholds a no-secrets policy. This process is for both partners, keeping in mind your individual needs and desires for your relationship. At times, this will mean the relationship may change in any direction. Typically, your practitioner will work on communication and other interpersonal strategies.

## MINORS

When working with minors, confidentiality is still respected. However, parents have certain rights as well and we generally observe what is called Informed Forced Confidentiality. What this means is we take a family systems approach to working with minors; we feel we have a responsibility to work with parents/guardians as well. What this means to you as the minor is that while specifics of our sessions are kept confidential in most instances as described above, we will always encourage discussion with your parent/guardian:

- If suicidal ideation has started and whether it is getting better or worsening
- If self-harm has begun and whether it is improving or increasing
- If substance use has begun and whether it is improving or worsening
- If you are pregnant or have gotten someone pregnant
- If you are considering an abortion

It is best if we collaborate and work together to inform parent/guardian of these types of issues not only from a safety standpoint but to work towards improving communication, resolving problems, finding appropriate support, and in some cases working with other service providers to increase to a higher level of care than what we can provide.

## CONTACTING US

Your Allow Your Well-being therapist/hypnotherapist/life coach may often not be immediately available by telephone. Our practitioners do not answer their phones when they are with clients or otherwise unavailable. At these times, you may leave a message on their confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from your practitioner or they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact your Local Community Mental Health Services Center (your practitioner can assist you in locating one near you), 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. Allow Your Well-being will make

every attempt to inform you in advance of planned absences of your practitioner and provide you with the name and phone number of the mental health professional covering our practice.

## OTHER RIGHTS

If you are unhappy with what is happening in therapy, Allow Your Well-being welcomes and encourages you to talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another practitioner and are free to end psychotherapy/hypnotherapy/life coaching at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about your practitioner's specific training and experience. You have the right to expect that your practitioner will not have social or sexual relationships with clients or with former clients.

### **Acknowledgement of Privacy Policy**

See our Privacy Policy for information and notices concerning how we collect and use your personal information. By signing below, you acknowledge and agree to the provisions of the Privacy Policy and affirm that the Privacy Policy forms a part of these Terms.

Your signature below indicates that you have read and agree to the terms of this agreement.

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Signature of Client

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Signature of Client

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Printed Name of Client

Date \_\_\_\_\_

Date \_\_\_\_\_