

Healing Inspiration with Olivia Fae Stadler

Olivia Fae Stadler, MA, LMFT #115228

Phone: 415-964-0892

EIN/Tax ID: 84-2949325

Consent for Treatment - Adults

Therapy will be provided by Olivia Fae Stadler, Licensed Marriage and Family Therapist #LMFT115228, using an integrated mind-body modality of psychotherapy. I am trained and experienced in the practices of somatic psychotherapy, which may incorporate – as options in service of the therapeutic process – body sensing awareness and supportive touch. Such practices are respectful and non-invasive, done only with your permission and cooperation, and within legal and ethical guidelines. You are free to ask questions at any time about methods used, or stop methods at any time. You are free to ask questions at any time about my professional background, experience, education, and professional orientation.

Confidentiality

Information disclosed in therapy is considered strictly confidential and will not be released to any third party without your written authorization, except for consultation purposes (no identifying information will be given), or when required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when I am ordered by a court to release information, and when I determine that you present a serious danger of physical violence to another person or are dangerous to yourself.

Therapy Hour

Unless we agree otherwise, therapy sessions are 50 minutes.

Fees

Fees are due each session, payable by cash, check or Venmo @Olivia-Stadler. Checks should be made payable to Olivia Stadler. Please have your check written out prior to coming to session, or mailed in advance. Returned checks will be charged a \$30 service fee. Please note that I am unable to resubmit bounced checks and may request cash or Venmo payment thereafter.

Additional services, such as requests for documentation or consultation with your other providers, will be charged on a prorated basis, based on your fee for sessions.

Fees increase every January 1st. Fees may be adjusted and reviewed periodically in addition to annually.

Insurance

I am not a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance or get reimbursed by a flexible spending plan, you may request a statement that will facilitate reimbursement by your insurance or employer.

You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. I cannot guarantee whether your insurance will provide payment for the services provided to you. If for some reason you find that you are unable to continue paying for your therapy, we can discuss any options that may be available to you at that time.

24-Hour Cancellation Policy & No Late Reschedule Option

Your consistent attendance greatly contributes to a successful outcome. Since your appointment time is reserved exclusively for you, I have a 24-hour cancellation policy. In other words, **if you cancel or reschedule within 24 hours of your appointment time, you will be charged for the missed session regardless of circumstances.**

If you request to reschedule for another time that same week, the usual fee will apply for the additional session, plus the fee will still be charged for the original appointment. In other words, **if you reschedule within 24 hours, you will still be required to pay for both appointments.** Please understand that your insurance company will not pay for missed or cancelled sessions.

Email / Cell Phone Communication

Please be aware that while all communication is held as confidential, email and cell phone communication can be more easily accessed by unauthorized sources. Email in particular can be vulnerable to unauthorized access by persons known or unknown to you. Therefore, **email communication should be limited to non-urgent scheduling only. Any clinical information is to be discussed over the phone or in-person.** Any contact (including reading or responding to text messages or email) that extends beyond 10 minutes will be charged on a pro-rated basis, based on your fee for sessions.

Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. Please advise me if you would prefer in any way to limit the manner in which communication occurs or if you are in any way concerned about confidentiality of a specific form of communication.

Availability

If you would like to speak with me outside of your session for reasons concerning scheduling, fees, or urgent issues that have arisen after a session, please call my confidential voicemail. Please specify whether you would like a return call, and allow two business days for a response.

I encourage you to contact me if you are in a serious emotional crisis, although private practice is not equipped for immediate crisis intervention. In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or call the following crisis services:

Suicide Prevention Central Coast: 1-877-663-5433 / 1-877-ONE-LIFE

Suicide Prevention Crisis Line: 831-649-8008

YWCA Domestic Violence Crisis Line: 831-372-6300/800-YWCA-151

Community Hospital Mental Health: 831-625-4623

Community Hospital of the Monterey Peninsula (CHOMP).....831-624-5311

No Secrets Policy

If you participate in couples or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. However, I utilize a “no-secrets” policy. This means that I am permitted to use information you share with me, such as in an individual session, when working with other members of your treatment unit.

I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to prevent, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

Permission to Record

As a standard practice within the industry, I may occasionally audio or video record your therapy sessions. These recordings will be used for the sole purpose of consultation and will be held in the limits of confidentiality as specified above and as required ethically and legally. The recordings will be destroyed after consultation is concluded. If you have any concerns about recording, please discuss them with me.

Benefits and Risks

It is my intention to provide services that will assist you in reaching your goals. However, I am unable to predict the length of your therapy or guarantee a specific outcome or result. Therapy is a process, and you may feel worse before you feel better. This is the nature of working with material that has remained out of your immediate awareness. If you should become too uncomfortable, please advise me right away.

Litigation Limitation

It is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, lawsuits, etc.), neither you nor your attorneys, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Notice to Clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Termination of Therapy

You have the right to terminate therapy at your discretion. I encourage you to discuss your thoughts of termination as early as you become aware, as termination can be a very important part of therapy. In addition, I reserve the right to terminate therapy at my discretion. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one termination session. These sessions are intended to facilitate a positive experience to the end of your therapeutic work.