



JULIA BARRY  
PSYCHOTHERAPY

## CONSENT FOR TREATMENT OF MINORS OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

A clear framework for doing therapy can avoid misunderstandings and facilitate our working relationship. The following are policies under which I operate my practice. After you have read this material I will answer any questions you might have.

**Client's Rights:** You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with names of other qualified psychotherapists. You have the right to ask any questions about the psychotherapeutic process.

**Confidentiality:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure are described to you in the Notice of Privacy Practices that you received with this form.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

**Privileged Communication:** The above refers to a client's right not to have confidential information revealed in court or other legal proceedings. Privilege is waived when 1) A client has consented specifically and in writing to disclose information; 2) When the client has disclosed a significant part of the information to a third party; 3) Or any of the following (Sections 910 through 1027 of the California Evidence Code) A) When the client is a minor under 18 years of age, the parent or guardian is holder of the privilege. B) When the client is in a criminal proceeding based on an insanity plea, or when a client introduces own mental health as issue in legal proceedings. C) When client alleges a breach of duty against the therapist. D) When client seeks help from the therapist to commit or plan a crime. E) When the client is dangerous to self or others. F) When client is under 18 years of age, is the victim of a crime and disclosing the information is in the best interest of the client.

I may occasionally find it helpful to consult other professionals about a case. During the consultation I will not give any identifying information about you to keep your identity anonymous. In addition, the consultant is legally bound to keep the information confidential.

**Emergencies:** If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct me, only the minimum necessary information will be communicated to the carrier. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access.



Both California Law and the standards of my profession require that I keep appropriate records of services provided. These records are kept confidential and are closely safeguarded.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me, Julia Barry, LMFT, to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Being both a client's therapist and his/her evaluator (in manners such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), is a dual relationship and is therefore not permitted by my code of ethics. In addition, I have a policy of not communicating with a client's attorney and will generally not write or sign letters, reports, declarations, or affidavits for a client's legal matter. I will generally not provide records or testimony unless legally compelled to do so. Should I be compelled by law to appear as a witness in an action involving a client, or to provide written documentation, the client agrees to reimburse me for time spent in preparation, travel, or for other matters pertaining to the requirement to participate. Any time or administrative involvement in a court setting is billed to the client at the rate of \$175/hour. Clients should be aware that they would be waiving the psychotherapist-client privilege if the client's mental or emotional state were brought up as part of the legal proceeding. The client should address any concerns he/she might have regarding the psychotherapist-client privilege with their attorney before involving the therapist.

**Telephone & Emergency Procedures:** You may leave a message for me at (310) 600-1991. I check my messages during the hours of 11:00am- 7:00pm. In case of a true emergency, particularly one that is life threatening, you should go to your local emergency room or dial 911. When I am out of town and can not be reached by that number you will be informed in advance and I will make arrangements for another qualified therapist to cover any crisis that may arise.

**E-mails, Cell Phones, Computers, and Faxes:** It is very important to be aware that computers and email and cell phone communication can be relatively easy to access by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Additionally, my emails are not encrypted, and faxes can be sent erroneously to the wrong address. My computer is equipped with a password and I back up all confidential information from my computer to a hard drive on a regular basis. Please notify me if you decide to avoid or limit, in any way, the use of any or all communication devices, such as email, cell phone or faxes. If you communicate confidential or highly private information via email, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters via email. Please, be aware that emails are part of the medical records, and I do not use email for emergencies. Due to computer or network problems emails may not be deliverable. While I check my phone messages frequently during the day when I am in town, I do not always check my emails daily.

**Therapist Travel:** A few times a year I travel to assist the Somatic Experiencing Professional training and for personal retreat. During this time I will provide for another qualified therapist to cover any crisis that may arise.



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**Fees, Cancellations, Insurance Reimbursement:** The charge for your initial and subsequent sessions is \$ \_\_\_\_\_. Payment is expected to be paid in full at the beginning of each 50-minute session. You may pay by cash, check or credit card. Fees are subject to change every six months. You will be charged \$40.00 per 15-minute increments for any additional professional services rendered by me at your request, such as phone contacts over 5 minutes, preparation of special forms, insurance reports, consults with other professionals, etc.

Cancellations must be received at least 24 hours before your scheduled appointment; otherwise you will be expected to pay the fee for that missed appointment. You are responsible for calling to cancel or reschedule your appointment. Most insurance companies do not reimburse for missed sessions. Should your account become delinquent by a three month period, and you do not comply with a mutually agreed upon schedule of payment, your account may be turned over to a collections agency. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees.

If you would like to submit a bill to your insurance company for reimbursement, please let me know and I will provide you with an invoice at the end of each month. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**Therapist's Incapacity or Death:** You acknowledge that, in the event the undersigned therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this information and consent form, you give consent to allow another licensed mental health professional selected by the undersigned therapist to take possession of your file and records and provide you with copies upon request, or to deliver them to a therapist of your choice.

**Termination:** As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition.

**About Psychotherapy:** Helping you reach your goals in therapy is the purpose of our work together. You can do your part by openly and honestly communicating your thoughts and feelings, even though this may be difficult at times. You may feel worse before you feel better. There is a risk of discussing unpleasant events, and you may feel anxious, depressed, frustrated, or hopeless at times. These feelings are a normal part of the therapy process, and are usually temporary. Couple's entering therapy should note that conflicts between the couple may get worse before they get better and this is also a normal part of the therapy process. There is a risk that one or both members of the couple's unit may choose to end their relationship over the course of our treatment.

When appropriate, and according to my clinical judgment, I may propose the use of Somatic Experiencing (SE) or Eye Movement Desensitization and Reprocessing (EMDR) in our work together. Somatic Experiencing (SE) is a naturalistic form of healing that can help you learn how to settle and release physiological activation from your body. Very often this process helps to reduce stress and return to a sense of regulation and mastery in their lives. SE will support you in learning how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. SE is particularly useful in managing stress because so many of the symptoms are physiological. If you would like to read more about SE, visit the website at [www.traumahealing.com](http://www.traumahealing.com) or read *In an Unspoken Voice* by Dr. Peter Levine. SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma. SE's guidance of the bodily "felt sense" allows the highly aroused survival energies to be safely experienced and gradually discharged. SE "titrates" experience (breaks down into small, incremental steps), rather than evoking catharsis – which can overwhelm the regulatory mechanisms of the organism



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SE may employ touch in support of the renegotiation process. SE is not a form of massage. I may offer you touch support for the following reasons: grounding, containment, support, mobilization, or awareness building. You will always be asked before being touched and have the right and my full support to decline. If you do not feel comfortable with touch, or if the session does not call for it, session work will not include touch.

EMDR is a simple but efficient therapy using bilateral stimulation (BLS) — tapping, auditory tones or eye movements — to accelerate the brain's capacity to process and heal a troubling memory. BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients experience relief or positive effects in just a few sessions. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday.

EMDR was developed in the late 1980's and is an evidence-based practice. Experience shows that EMDR may be a very effective tool and that rapid progress may be made with improved processing of traumatic information. It seems in many instances to assist in a different kind of processing of traumatic information with better integration and perspective.

SE and EMDR can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness and an increase in your ability to self-soothe and feel empowered. However, there may also be risks as with any treatment that focuses on healing trauma. Although SE and EMDR are designed to help you resource and work with manageable amounts of discomfort, you may experience challenging feelings, images, or thoughts. Like any other treatment they may also have unintended negative side effects such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the course of our work together. Furthermore, as with any stress reduction treatment, there is no guarantee that you will reach your goals.

That said, many people report that SE and EMDR have helped them tremendously and have created positive change in their lives. Learning how to reorganize “body memory” is often vital to learning how to relax and calm your nervous system. It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you such as Sensorimotor Psychotherapy, or Biodynamics. There are also many non-somatic focused forms of psychotherapy and counseling that you can choose from. My own education, training and supervision in SE includes certification as a Somatic Experience Practitioner® (SEP) and basic touch training with the renal/adrenal, brainstem, digestive and body fluid systems. I have also received Level One EMDR training through the EMDR Institute.

Through the course of therapy I will draw upon a variety of approaches according, in part, to the issues being treated and my assessment of what will benefit you including psychodynamic therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Eye Movement Desensitization Reprocessing (EMDR), Family Systems, Mindfulness, Play Therapy and Developmental Psychophysiology.

It is your responsibility to tell me when you are uncomfortable with any parts of the treatment, If you have any questions about SE or EMDR or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at any time, or to refuse touch, SE techniques, EMDR techniques or any other intervention I may propose or employ.

We will work together to get through the difficult times. If you are ever concerned that our work together is not helping, please give me feedback so we can discuss it. In addition, I welcome referrals, which signify your satisfaction and trust in my services.

Our first sessions will involve a history taking and evaluation. During that time we can determine if I am the best professional to meet your treatment goals.

**Adolescents and Children:** Adolescents and children in individual therapy will be afforded confidential treatment. Because trust is an important therapeutic issue, parents will be provided with general progress information only. No other information will be given unless it is determined by the therapist to be in the child's best interest to do so. It is also imperative that treatment of children not be terminated abruptly. By signing the consent for treatment of a minor, you are



agreeing to provide the therapist with a minimum of thirty days notification of your intent to terminate your child's treatment, and also allow for at least two pre-termination sessions in order to adequately process the termination with the child. Any issues concerning Divorce, Custody, Guardianship, Probation and/or Restraining Orders will require all documents to be presented on first visit to verify any legal issues and/or custody of child and to determine if I am best suited to meet your family's needs. Copies of these documents will be kept with minor's records.

**Consent to Treat Minor:** Please read carefully. This is to certify that I give permission to Julia Barry, LMFT for my child's participation in therapy. Please fill out Consent to Treat Minor form for each minor participating in family or individual therapy. By signing below, you, representing the undersigned client, acknowledge that you have read and understood these policies and that ample opportunity has been offered to ask questions and to seek clarification of anything unclear to you. By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. The client has discussed the terms and conditions of this Agreement with the therapist, and has had any questions with regard to its terms and conditions answered to the client's satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with the therapist. In addition, the client agrees to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. Therapy involves a partnership between therapist and client. Your therapist will contribute knowledge, skills, and a willingness to do their best.

**Please print your name and provide your signature:**

I, \_\_\_\_\_ the undersigned parent, and the person having legal custody or guardianship/authorized care provider of \_\_\_\_\_ (the minor), do hereby authorize Julia Barry, LMFT, to provide psychotherapy for my minor child(ren).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/legal guardian/authorized care provider)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/legal guardian/authorized care provider)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_