

Rebecca Toner, M.A. MFT  
Licensed Marriage and Family Therapist #48432  
1291 Lincoln Way, CA 95603

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Date \_\_\_\_\_ Referred by \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Member ID # \_\_\_\_\_  
Authorization # \_\_\_\_\_ Authorization Expiration Date \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_ Subscriber DOB \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to client \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**If a Minor:**

*Father's Name* \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ *Mother's*  
*Name* \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONFIDENTIALITY: Contents of therapy sessions and/or records will be kept confidential as required by legal and ethical standards; personal information will not be released to another party without written consent of the client. **(Exceptions to confidentiality do apply in cases of 1) suspected child or elder abuse/neglect, 2) expressed threats of violence towards an ascertainable victim, and 3) potential danger to self.)** If this therapist assesses that client is in danger to him/herself, client is a danger to others, or therapist has suspicion of child/elder abuse/neglect, confidentiality will be broken. Please note, even if abuse has occurred in the past, it may still be reportable. Additionally, if abuse has been previously reported by another person, this therapist is still obligated to make a report. This therapist maintains records in a manner that is compliant with state and federal regulation. Records are maintained on site, in a double-locked secure file and I alone have access. **Please see "Insurance" section to review confidentiality regarding insurance.**

**BENEFITS AND RISKS OF PSYCHOTHERAPY:** It is this therapist's intention to assist each client with reaching their individual goals. Based on the information provided by client in session, this therapist may make suggestions to assist with reaching such goals. While the benefits of therapy may include more fulfilling relationships with self and others, it is important to acknowledge possible risks of engaging in therapy. Often times, clients discuss difficult, and highly charged material, which may increase uncomfortable feelings such as sadness, anger, guilt, anxiety, and frustration. In couples therapy, there may be unanticipated outcomes, or changes in the relationship dynamic. These describe a natural part of the therapeutic process and may be necessary for positive change and growth to occur. This therapist strives to work in collaboration with each client, so if at any time client is unhappy with treatment, it is client's responsibility to address such concerns. If at any time you decide therapy is no longer helpful to you, we will discuss your concerns and proceed with the intention of terminating the therapy in a way that would be most beneficial to you. Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or guarantee a specific outcome or result.

**FEES:** Fees are due and payable at the beginning of each therapy session by cash, check, or credit card. Upon request, monthly statements reflecting payment history can be generated for clients' personal records. Clients will be charged \$35.00 for each check returned due to insufficient funds. Additionally, fees may be charged for services performed outside the therapy session (ie. writing reports/summaries, school meetings, phone consultations, collaborating treatment, legal proceedings including travel time, etc.), which will be based on therapist's standard 50-minute therapy hourly fee of \$150 for individuals and \$185 for families/couples and prorated from this fee for every ten minutes beyond the standard 50 minute therapy hour. **The fees for treatment are ultimately your responsibility, so until coverage is authorized and/or verified by your insurance company, and you have completed the necessary forms, you will be charged an agreed upon fee. It is the client's responsibility to obtain re-authorization prior to the expiration date of their pre-authorized services. Additionally, the client is responsible for paying for all services rendered, regardless of whether the insurance plan reimburses. Should client fail to pay his/her balance for services rendered, this therapist has a right to refer the client to a collection agency, or take the client to small claims court.** The fee for psychotherapy and consultation services will be \$150 per 50-minute session for individuals and \$185 for families/couples. This fee may be renegotiated by either client or therapist as circumstances warrant. Occasionally, the fee will increase due to inflation and increase in business costs, however clients will be given advanced notice of at least one month, and the opportunity to discuss such changes. In the event payments are not received within 60 days of being billed, a 1 ½% (18% APR) services charge may be added to your account, in addition to any collection charges.

**MISSED APPOINTMENTS:** Rebecca Toner, MFT, has a 24 hour cancellation policy. ***If you cancel in less than 24 hours prior to a scheduled session, or do not attend your scheduled session, you will be charged the full fee for that session.*** Should a client be forced to cancel his or her session due to something outside their control (i.e. illness) every effort will be made to reschedule a make-up session so that client will not be charged. Make-up sessions cannot be scheduled for those sessions missed without prior notification. In those circumstances where a session is missed without prior notification, this therapist will recommend a rescheduling of that session to maintain consistency of therapy, however client will be charged for the previously missed session. In circumstances where a third party payer is financing treatment, the client will be billed for missed sessions at the therapist's contracted rate and must seek reimbursement from third party payers on their own behalf. ***Should a client accumulate a total of two late cancellations or no shows during the course of treatment, this therapist has the right to refer out to***

**another therapist.** In addition, if the client is 20 minutes late to a scheduled session the therapist reserves the right to cancel the session and charge the client her hourly rate for a missed session.

**INSURANCE INFORMATION:** In circumstances where a third party payer is financing treatment, the signature on this document serves as authorization for this therapist to release pertinent information regarding client treatment as requested by his or her insurance company so that the claim can be processed and therapist can be compliant with possible requested record reviews. This may include initial treatment evaluation, dates of service, diagnosis, progress notes, clinical reviews, treatment summary, and discharge summary. This therapist is an in-network provider for the following health plans: Kaiser and Carelon. If this therapist is a contracted provider with your insurance company, this therapist will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or co-insurance payments depends on the requirements of your specific insurance plan. Please be aware that insurance plans generally limit coverage to diagnosable mental conditions. You are responsible for verifying and understanding the limits of your insurance coverage. Although this therapist is happy to assist your efforts to seek insurance reimbursement, this therapist is unable to guarantee that your insurance will provide payment for the services provided to you. If this therapist is not a provider for a particular insurance company a monthly client statement may be generated so that clients can submit claims on their own behalf. **Per federal Medicare regulations, this therapist is not a Medicare provider. This therapist has not enrolled in to serve as a Medicare provider, nor has she opted-out of the Medicare program. Accordingly, this therapist is not able to bill Medicare or accept money from Medicare eligible patients. In such circumstances where a current client becomes a Medicare beneficiary, services with this provider will be terminated. Such termination will be planned for and this therapist will assist such clients in transitioning care to a qualified Medicare provider.**

**LEGAL PRECEEDINGS:** This therapist will not participate in any civil or criminal legal proceedings of any kind, including but not limited to child custody, child visitation, divorce proceedings, or SSI/SSDI. This therapist will not provide evaluations, recommendations, reports, client records, or client summary of records to any client or attorney for the purposes of facilitating the above mentioned legal proceedings, or legal proceedings of any other kind.

**SOBRIETY:** There is a 24 hour requirement of sobriety from all mind altering substances, including alcohol, in order for therapy sessions to take place. If this therapist suspects you are under the influence of any mind altering substance, the session will end immediately and rescheduled for a later date.

**COUPLES THERAPY AND “NO SECRETS” POLICY:** This therapist considers the couple unit as the client. This therapist may from time to time request to meet with a partner individually. Depending on what is divulged, this therapist may choose to share information learned in the individual sessions in order to serve the couple unit effectively. This therapist will use her best judgment as to whether, when, and to what extent disclosures will be made to the couple, and will also, if appropriate, first give the partner the opportunity to make the disclosure. Should therapist deem it beneficial to the couple’s treatment to have a partner disclose information shared in the individual session, this therapist would be available to facilitate the conversation regarding the disclosure. This “no secrets” policy is intended to allow the therapist to continue to treat the couple by preventing, to the extent possible, a conflict of interest from arising where an individual’s interests may not be consistent with the interests of the couple being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple. If therapist is not free to exercise her clinical judgment regarding the need to bring this information to the couple during their therapy, therapist may be placed in a situation where she will have to terminate treatment of the couple. This policy is intended to prevent the need for such a

termination. 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.

CLIENT-THERAPIST CONTACT: Your therapist can be contacted by calling her personal voice mail (530) 588-7440, which is also noted on her business card. Additionally, this therapist does not use an encrypted texting service. Should client choose to communicate with this therapist via texting the personal voice mail number listed above, by signing this form, client acknowledges the risk that the text communication could potentially be accessed by a third party. Should client choose to contact this therapist via email, please email rebeccatonermt@gmail.com. This therapist will respond with her client communication email address, which is encrypted, and will require client to enter a code in order to view the email communication. The code will be emailed to client in a secondary email. This therapist will return phone calls, text messages, and emails within a reasonable period of time. It is not always possible to return calls, text messages, and emails during the weekend, however this therapist will return communication as soon as possible. **Please note, this therapist is not available for emergency services outside of regular business hours. If client is highly distressed, and must speak to someone immediately, client may call the Auburn crisis mental health line at (530) 885-2300, call the Roseville mental health line at (916) 773-3111, call 911, or go to the nearest emergency room. Additionally, the Kaiser Mental Health Clinic in Roseville can be reached at (916) 973-5300 and Placer County Adult Services can be reached at (888) 886-5401.** In the event that this therapist is unavailable for any extended period of time, client will be directed to call the crisis line, 911, or go to the emergency room if in a high state of distress.

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](http://www.bbs.ca.gov), or by calling (916) 574-7830.

TERMINATION OF THERAPY: The length of treatment and timing of the eventual termination of treatment depend on the specifics of each client's treatment plan and the progress you achieve. It is recommended that clients plan for termination in collaboration with this therapist. This therapist will discuss a plan for termination as client approaches the completion of treatment goals. Client may discontinue therapy at any time. If client or therapist determine that client not benefiting from treatment, or if client is not following through with the recommended treatment plan, either client or therapist may elect to initiate a discussion of treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing client's treatment plan, or terminating therapy with this therapist.

I \_\_\_\_\_ have read, understand, and agree to the material on this form.

Client's Printed Name (If minor, parent or guardian printed name)

\_\_\_\_\_  
Client Signature (If minor, parent or guardian signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rebecca Toner, M.A. MFT, MFC #48432

\_\_\_\_\_  
Date