

Ascendance Therapy

Mandy Snider, M.Ed., AMFT

Disclosure Statement & Agreement for Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information about Your Therapist

Your therapist received her MA degree in **Marriage and Family Therapy** (MFT) from Northcentral University (NCU) through their MFT degree program which is accredited through the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Your therapist is currently serving you as an **Associate Marriage and Family Therapist** (AMFT). Your therapist's practice is conducted under the supervision of a licensed mental health professional who has been approved by the Association for Marriage and Family Therapy. The clinical supervisor's name, license type, and license number are listed below:

Dr. Israel David Oler

Supervisor's Name

Ph.D.

License Type

071.006411

License Number

At an appropriate time, your therapist will discuss his/her professional background with you and provide you with more detailed information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience, and professional orientation.

The name of this practice is **Ascendance Therapy**.

The individual therapist who operates this practice is:

Mandy Snider, M.Ed., AMFT

Name of Therapist

Associate

License Type

208.000492

License Number

Fees and Insurance

The fee for service is **\$40.00** per individual 50 minute therapy session.

Package #1: 8 sessions/\$240 (\$30/session)

Package #2: 4 sessions/\$140 (\$35/session)

The fee for service is **\$50.00** per conjoint (marital /family) 50 minute therapy session.

Package #1: 8 sessions/\$320 (\$40/session)

Package #2: 4 sessions/\$180 (\$45/session)

Fees are paid in full at the time that services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure.

Due to the fact that insurance plans generally limit coverage to certain diagnosable mental conditions your therapist is not aligned directly with any insurance companies. However, your therapist is happy to assist your efforts in seeking insurance reimbursement but she is unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. If you participate in couple, family, or group therapy, your therapist 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 such information. In the context of couple, family, or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

Limits to confidentiality: Your therapist is a mandated reporter. This means that she is required to report instances of suspected child or elder abuse. Your therapist may also be required or permitted to break confidentiality when she has determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents, and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act. Please refer to the copy of the **Notice of Privacy Practices** provided for you by your therapist and/or ask your therapist if you have any questions about the limits to confidentiality.

Minors and Confidentiality: Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Informed Consent

Health Insurance Portability and Accountability Act (HIPAA): This practice is compliant with HIPAA. Disclosure of information about you to other professionals will generally be done only with your written consent.

Appointment Scheduling: Sessions are typically scheduled on a weekly basis. Your therapist will suggest a frequency of therapy sessions depending on the nature and severity of your concerns. Your consistent participation greatly contributes to a successful outcome.

Cancellation Policies: In order to cancel or reschedule an appointment, you are expected to notify your therapist at least **24 hours in advance of your appointment**. If you do not provide your therapist with at least 24 hours advance notice, you may be charged for the missed session. Please refer to the **Client Cancellation Policy Agreement** provided for you by your therapist for more information. Please also understand that insurance companies will not pay for missed or cancelled sessions.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. The belief is that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy: The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, a referral, changing your treatment plan, or terminating your therapy.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions.

You may send your therapist a confidential email or text message, or leave a message for your therapist at any time on her voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. You should be aware that your therapist is generally available to return phone calls within approximately 24 hours. Your therapist is not able to return phone calls after 9:00 P.M. and may not be available to return phone calls on Saturdays or Sundays.

If you have an urgent need to speak with someone, please follow any instructions that are provided by your therapist's voicemail message.

Crisis Services

Life-Threatening Emergencies Call 911

National Suicide Prevention Lifeline
1-800-273-8255

National Domestic Violence Hotline
1-800-799-7233

Acknowledgement

Your signature indicates that you have received a copy of the
Disclosure Statement and Agreement for Services and
Mandy Snider, M.Ed., AMFT communicated your right to ask questions
and/or express concerns about the information included therein.

_____ Printed name of Client	_____ Signature	_____ Date
_____ Printed name of Guardian (If applicable)	_____ Signature	_____ Date