



Nicola M-L Ranson, LCSW

Counseling Services Contract

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us.

THERAPIST QUALIFICATIONS: I, Nicola M-L Broad Ranson, have been licensed as a Clinical Social Worker since 1997. My current (renewable) license expires 12/31/2026. I specialize in trauma & anxiety disorders and general counseling. My theoretical orientation is eclectic. There are many different methods I may use to help you; these may include Somatic Experiencing & Hypnotherapy.

RISKS AND BENEFITS OF THERAPY: Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that the Client can experience his/her life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties the Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt etc. There may be times in which the Therapist will challenge the Client's perceptions and assumptions, and offer different perspectives. The issues presented by the Client may result in unintended outcomes, including changes in personal relationships. The Client should realize that any decisions on the status of their relationships are the responsibility of the Client. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. The client should address any concerns regarding their progress with the Therapist.

APPOINTMENTS: The first few meetings will include an evaluation in which I will be assessing your situation and the best way to help you. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once psychotherapy has begun, I will usually schedule one 45 to 60-minute session weekly or biweekly, although some sessions may be longer or more frequent, or even less frequent. If you need to cancel or change an appointment, please give 24 hours advance notice. Cancellation without 24 hours advance notice will result in your being charged for the session. Three or more late cancellations or no shows may result in termination of treatment. Please help me serve you better by keeping scheduled appointments. The cancellation fee is NOT covered by insurance, so it will be your personal responsibility.

Client hereby agrees to a No Show or Late Cancellation fees of: \$75.00 _____ (initials)

EMAIL: Please note that while I do check my email, I don't guarantee to do so on a daily basis. Also, due to the quantity of emails I receive, I may miss an email. Plus, while I take all precautions, email communication, by its very nature, does not guarantee confidentiality. Should you choose to communicate with me by email you will be doing so at your own risk and I will be unable to guarantee that our communications will remain confidential.

TEXTING: Texting is NOT a confidential way of communicating. However I do use texting for appointment reminders & some brief communications. If you do not want to receive texts or are unable to do please initial here:

Client hereby requests to NOT receive text messages _____ (client initials)

SOCIAL MEDIA: In order to maintain appropriate boundaries, I am not able to "friend" clients in social media. However, it is possible that our social and professional networks may inadvertently overlap. Please do not try to contact me through social media or you will be risking violating your confidentiality. Please let me know if you have any questions about this. It is possible you may choose to sign up for a newsletter or to be on a mailing list or to "follow" me on public sites. If you do so, this will be at your own risk as social media by its nature is not confidential. If you choose to connect with me on any public social media, I strongly suggest that you retain your privacy by not divulging any personal information such as your name.

PROFESSIONAL RECORDS: The laws and standards of my profession require that I keep treatment records. These records are the sole property of the Therapist. Should the Client request a copy of these records, the request must be made in writing. The Therapist reserves the right, under California law, to provide the Client with a treatment summary in lieu of actual records. The Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating healthcare provider. The Therapist will maintain the Client's records for ten years following termination of therapy. However, after ten years, the Client's records will be destroyed in a manner that preserves the Client's confidentiality. Certain records and diagnostic/treatment summaries may also be required by your insurance company should you be using insurance to pay for your treatment. An insurance company may require that certain records are shared with your other providers in the same network (see below).

MINORS: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY: Issues pertaining to confidentiality are discussed further in my Privacy Practices Policy. In general, law protects the privacy of all communications between a client and a therapist, & I can only release information about our work to others with your written permission. But there are a few exceptions, as some limited healthcare information may be required by your insurance company (see above), & HIPPA regulations allow some limited information to be exchanged with your medical treatment team. There are also some risks to confidentiality such as through internet communication which I have described above. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly or disabled person is being abused, I am required to file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/ herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. In these situations I will be obligated to break confidentiality in order to assure safety. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Professional consultation is an important part of a healthy psychotherapy practice. As such, the therapist regularly participates in clinical, ethical and legal consultations with appropriate professionals. During a consultation, the Therapist will not reveal any personally identifying information regarding a Client. If you don't object, I will not tell you about these consultations unless I feel that it would benefit our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

INSURANCE PRIVACY: You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored electronically. Though all insurance companies claim to keep such information

confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

CLIENT AUTHORIZATION: Nicola Ranson uses a billing service to bill insurance companies and receive payments. It is with my full understanding and consent that information about my case may be exchanged between Nicola Ranson, LCSW and her billing service in the capacity of collecting fees and offering ancillary recovery services.

FEES & BILLING: My hourly fee is \$175.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Any exceptions to this policy must be in writing and signed by all parties involved. Full payment will be made **at the time services are rendered**, in the form of cash, check or credit card or an online billing app such as Zelle or Venmo that we have agreed to. If special arrangements are necessary, these need to be discussed with me in advance. It is understood that you are responsible for any charges made. Payment for all copayments, co-insurance or deductible is expected at time of service. It is also understood that, if for any reason, the insurance company does not pay the full amount verified, denies any charges for services that are rendered or if the yearly or lifetime maximum amount is exceeded, that any remaining balance will be the full responsibility of the client. Any services not covered by insurance or done outside of session time, such as, but not limited to, reviews with managed care, consultations, report writing, etc., will be at my regular fee rate.

FINANCE CHARGES: If client balances are not paid on date of service, finance charges will be applied. Finance charges are not covered by insurance, so it will be your personal responsibility.

RETURNED CHECKS or PAST DUE ACCOUNTS: For checks returned as unpaid by your bank, a \$25.00 service fee will be applied. Overdue accounts will be referred to a collection agency or taken to small claims court. Legal fees that we pay to secure past due balances will be added to your account. In most collection situations, the only information I release regarding a patient's treatment is client name, the nature of services provided, and the amount due.

CONTACTING ME: Phone is my preferred means of communication for clinical or urgent issues. However, I am often not immediately available by telephone. When I am unavailable, my phone is answered by voicemail. I will make every effort to return your call within 24 business hours, with the exception of weekends, evenings and when I am away. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest

emergency room and ask for the therapist or psychiatrist on call. Alternatively, dial 988 which is the National Crisis Line and operates 24 hours a day. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

SOMATIC EXPERIENCING®: I may propose the use of Somatic Experiencing (SE) in our work together. SE is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine. SE employs awareness of body sensation to help people “renegotiate” and heal rather than re-live or re-enact trauma. In SE touch may be used occasionally in order to provide support when the circumstances indicate that this may be of benefit. Your permission will always be asked before any touch is given. Please understand that it is absolutely fine for you to decline to be touched. Of course sexual touch is never appropriate in a client/therapist relationship.

Please initial here to indicate that you have understood this section and agree to consult your therapist if you have any further questions about touch. _____ (client initials).

TELEHEALTH WAIVER

I hereby authorize Nicola Ranson, LCSW to use teletherapy technology for our therapy sessions. I have been advised of the potential risks and benefits, which include the possibility that there may be an interruption, a need to continue by phone, or a need to reschedule. I understand that while my therapist will do her best to use HIPPA compliant technology to preserve my privacy, this may not always be the case and I am fully aware of the privacy limitations of using teletherapy.

I understand that my therapist is only licensed in the state of California. Should I travel or move out of state, I will need to obtain other health services.

While Nicola Ranson has encouraged me to voice any issues arising from our treatment, I am also aware that the Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers and can be contacted online at www.bbs.ca.gov, or by calling (916) 574-7830.

I understand that I may revoke this authorization at any time by giving my written notice. I may specify the date, event or condition on which this content expires.

Your signature below indicates that you have read the information in this document and agree to abide by the terms during our professional relationship.

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 such terms and conditions 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. Moreover, the patient 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. I understand that I am financially responsible to the Therapist for all charges, including unpaid charges by my insurance company for any other third-party payor.

Client name(s) (please print)

Date

Client signature(s) (or authorized representative)

CONFIDENTIALITY: The information contained in this document may be privileged and confidential and is for the sole use of the intended recipient. If you are not the intended recipient or the employee or agent responsible to deliver the message to the intended recipient, please immediately notify us by return e-mail and delete this message from your system. Any use, copying, or distribution of this information is strictly prohibited. Thank you.

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