

INFORMED CONSENT AGREEMENT

Sierra Agape Therapeutic Services
11209 Brockway Road – Suite 206
Kimball C. Pier, Ph.D., LMFT, Clinical Director
CA License: MFC 44285
530-414-1885
Email: kcpier@sierraagape.org

The client/therapist relationship:

The client/therapist relationship is sacred. You are entitled to explore what is important to you. I do not believe in finding things “wrong” with clients or looking at client’s circumstances in a way that defines them according to my world view or my clinical lens. I am a witness in hearing your story and will offer questions to help guide you to seeing yourself in terms of possibilities and new growth. The process of this exploration can often feel painful, frightening and can sometimes seem as though we’re not really getting anywhere. It is important that you feel empowered and trusting enough in our relationship to tell me what you’re feeling and thinking during the course of our work together. This is a collaborative relationship and we will be working together to decide what feels most important to focus on.

There are times when clients need more guidance and more structure, such as in cases of severe depression or when clients are not able to function well enough to meet their basic needs or to keep themselves safe. In these cases, I will honor and preserve clients’ dignity, while also caring for them in a way that abides by laws and ethics and is in the interest of client safety.

The nature of therapy:

Sometimes, clients benefit by many sessions over a period of a year or more and some only feel they need a few sessions. It depends upon the issues clients bring in to therapy. We decide together what feels right and how to proceed. There are numerous types of approaches to different problems and life issues. I have clinical training as a marriage and family therapist and my theoretical orientation is drawn from systems theory. This means that I see individuals and their behavior or functioning in the contexts of family, community, culture, ethnicity, religion and life experience. I have a Ph.D in Depth Psychology, which is essentially the study of soul and psyche. It draws extensively from the work of Carl Jung in addition to how dreams, art, music, poetry, literature and medicine have expressed and informed who we are as human beings in the world and how we interact with nature. There are many wonderful ways to create meaning as to who you are and why you are the way you are and no limits to how you can express yourself. I believe very strongly in the creative potential that resides in the soul and longs for realization. This longing is often what brings people in to therapy. Clients are often aware of some feeling that they are “out of sync,” or that a change is on the horizon, but are uncertain as to how to tap into these feelings. That’s when the journey begins.

If you have any questions, please bring them to me. I am happy to discuss any questions or concerns you may have.

Office Policies for Kimball C. Pier, Ph.D., LMFT:

Hours of Operation: Are by appointment only. You may schedule online by visiting www.sierraagape.org and clicking on the "Schedule Appointments Tab." Typical office hours are Tuesday from noon until 4:00; Thursdays between noon and 2:30, and Wednesdays and Fridays from 1:00 until 5:30. These hours are subject to change at any time so please check the appointment schedule online. If you cannot find a time that works for you, please call Dr. Pier at 530-414-1885 and every effort will be made to schedule you as soon as possible.

Insurance and Fees:

Regular fee: \$125.00 per session

Sliding Fee scale: Available based upon need beginning at \$80.00 per session

Dr. Pier accepts Anthem Blue Cross Plans, California Health and Wellness plans. Please note: **You are responsible for payment if your insurance does not cover your services! So before your first appointment, please do the following:**

- 1.) Check with you insurance company to verify that you have mental health benefits, how many sessions and whether pre-authorization is required;
- 2.) Verify the mailing address for sending in claims.
- 3.) Know your co-pay amount and whether you have met your deductible prior to your first session. I will ask you for your co-pay on the date of service and then bill your insurance for the balance.
- 4.) Co-Pays are due at the time of service

If you do not have insurance coverage, Dr. Pier offers a sliding fee scale based upon client need, depending upon your income and financial circumstances. Your fee will be established in the first session and is payable at the end of each session.

Methods of Payment: We accept cash, checks or credit cards. You may also go on our website www.sierraagape.org and use our PayPal system. Please note that for all credit card and debit card transactions, a 2.75% fee will be charged. Please add this to your payment if paying via PayPal online.

Appointment times and cancellations: Please make every effort to give me 24 hours notice if you are unable to attend a scheduled appointment.

No-show/no-call policy: No-shows without prior notification or without any explanation is very difficult as insurance does not reimburse for no-shows and I am unable to fill appointments without adequate notification, which also denies others a chance to come in. **Unless it is an emergency, I ask that clients pay the full session fee with less than 24 hours notice.**

Emergencies: If you are feeling suicidal or if you have an immediate need, you may call the Nevada County Crisis Line at 530-265-5811 or you may call 211. You can also go to your nearest emergency department and let them know you need immediate help. The number for Tahoe Forest Hospital here in Truckee is 530-587-6011. Also, please call me right away at 530-414-1885 and I will get back to you as soon as I can if I'm not available when you call.

When I'm out of town: I will let you know when I'm not available and will make sure you have another therapist to call if you need help while I'm away.

If you need referrals for other therapists or providers: I am happy to provide names and contact information for at least three other therapists if for whatever reason, you decide you want counseling elsewhere. I will also provide you with resources for other types of providers for your wellness program.

ACKNOWLEDGEMENTS AND SIGNATURES

Fee agreement:

I _____ agree to pay \$ _____ per one hour session. I have been fully informed of the terms and conditions of therapy and that I may request a fee adjustment if I need one. I understand that my payment/co-pay is due at the end of each session. I understand that I am responsible for payment if my insurance does not cover my services.

Acknowledgment of Receipt and Understanding of HIPAA Notices of Privacy Practices:

I _____ have received and understand the HIPAA Notices of Privacy Practices; I understand that I may revoke consent for release of PHI at any time.

I _____ give my consent for release of PHI for billing purposes to my insurance provider _____. If at any time during treatment, my insurance provider changes, I will inform Kimball C. Pier immediately and make necessary changes for billing and insurance purposes.

Limits of Confidentiality – Please read below the four limits to this confidential relationship which shall necessitate disclosure of your identity.

- 1) If I have a reasonable suspicion or you disclose to me that a dependent adult or an elder adult (66 years or older) in your home or in your care is being physically, sexually or financially abused or is being isolated, neglected or abandoned, I am mandated by California State Law to report elder abuse to Adult Protective services and/or the police.
- 2) If I have reasonable suspicion or you disclose to me that there is abuse occurring at the present time toward a child in your home or that abuse has occurred in the past, I am mandated by California State Law to report abuse to the proper child welfare agency.
- 3) If you communicate to me a serious threat of physical violence toward a reasonably identifiable victim or victims, I am mandated by California State Law to inform your intended victim and the police.
- 4) If a court compels me or if you give written consent.

I am permitted by law to break confidentiality under the following circumstances:

- 1) If I have reason to believe that your mental or physical condition is such that you present a threat of harm to yourself, I will disclose information to whatever extent necessary to keep you safe which may include calling 911 to get you to the nearest emergency room for evaluation.
- 2) There are circumstances where I may be contacted by a client's attorney or an attorney involved in a case which involves a client. If I am subpoenaed, I will claim privilege and will seek the client's counsel and legal counsel before responding to a subpoena.

I have read and understand the explanation of confidentiality and the limits thereto and I verify that I have read and understand the Informed Consent Agreement and hereby attest that I have the capacity to give my written consent for treatment with Kimball C. Pier, Ph.D., LMFT:

Client Signature

Date

Client Signature

Date

Kimball C. Pier, Ph.D., LMFT

Date

Parent or legal guardian Signature if client is a minor

Date_____

Parent or Legal Guardian consent to treat:

I _____ am legally authorized to consent for my

child _____ to participate in therapy with Kimball C. Piet, LMFT. I attest that I have read and understand the Informed Consent Agreement above.