



## **Notice Regarding Review and Signature:**

**You are expected to review this document; however, your signature is not required prior to the start of treatment.**

The **Professional Disclosure Statement (a separate summary of this document) must be signed prior to the start of treatment**, and your signature on that document indicates your agreement to begin services under the terms outlined.

## **Client Policies and Procedures – California**

### **Guillaume Marriage and Family Counseling of California, P.C.**

In-person Address: 1750 Howe Ave, Suite 300, Sacramento, CA 95825

In-person Address (Effective July 1<sup>st</sup>): 1750 Howe Ave, Suite 240, Sacramento CA 95825

Mailing address: 20333 State HWY 249, Suite 200, Houston, TX 77070

Official Office Phone: (800) 887-0316 | Local Phone: (916) 992-2620 | Fax: (971) 352-4229

Alternate Office Phone: (503) 922-3360

[info@guillaumecounseling.com](mailto:info@guillaumecounseling.com) | [www.guillaumecounseling.com](http://www.guillaumecounseling.com)

[info@guillaumecounseling.com](mailto:info@guillaumecounseling.com) | [www.guillaumecounseling.com](http://www.guillaumecounseling.com)

**The above locations are available by appointment only**

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**IF YOU EXPERIENCE A MEDICAL EMERGENCY (INCLUDING IMMEDIATE DANGER OR HOMICIDAL THREATS), CALL 911.**

**IF YOU ARE EXPERIENCING A MENTAL HEALTH CRISIS (INCLUDING SUICIDAL THOUGHTS), CALL OR TEXT 988 (SUICIDE AND CRISIS LIFELINE).**

Welcome to Guillaume Marriage and Family Counseling of California, P.C, doing business as Guillaume Counseling and Guillaume Marriage and Family Counseling. (“we,” “our,” “Practice”)! We are excited to offer you culturally specific mental health and relationship counseling services. Guillaume Marriage and Family Counseling of California P.C., P.C. serves individuals, couples, and families in California. Please review these policies and procedures carefully. Before starting or continuing treatment, all clients are required to review and sign this document, which outlines the terms of our professional relationship and constitutes your informed consent for counseling services.

Please note: We may update these policies and procedures at our discretion and will provide you with a copy. We will notify you of material changes and obtain acknowledgment when required.

### **Vision Statement**

Impacting the world through tangible hope, healing, and support for families where children can grow in a safe, secure, and healthy environment.

### **Mission Statement**

We are an avenue of hope, healing, and support for families by working directly with individuals and couples to foster love, respect, health, and safety within the home. Through mental health and relationship counseling, we integrate faith, science, and wisdom to serve diverse communities through culturally specific care.

### **Terminology:**

The term “therapist” in this document refers to any clinician or staff member providing services through the practice (e.g., licensed therapists and board-registered associates). The term “client” refers to the person receiving services.

Licensed therapists practice independently under their own license. Board-registered associates provide services under the supervision of a licensed supervisor. Information about supervising therapists and our leadership team is available on our website.

## **About Us**

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Guillaume Marriage and Family Counseling of California, P.C., doing business as Guillaume Counseling and Guillaume Marriage and Family Counseling, is a group practice based in California and led by Nahomie Guillaume, MS, MBA, LMFT.

Affiliated professional entities operate in Oregon and Texas under the leadership of Nahomie Guillaume.

We provide counseling services to individuals, couples, and families, with a focus on maternal and paternal mental health, anxiety and mood disorders, and relationship concerns. Our practice serves adults, children, and adolescents, with specialized experience supporting families with children ages 0–12, as well as individuals and couples navigating premarital and marital relationships.

Our approach emphasizes early intervention, prevention, and treatment for individuals experiencing mild to moderate mental health concerns. Services are integrative and tailored to each client’s needs following a comprehensive assessment, utilizing evidence-based models such as cognitive Behavioral Therapy (CBT), Solution-Focused Brief Therapy (SFBT), Strategic/Structural Family Therapy, the Gottman Method, and Prepare/Enrich.

Our services are primarily secular (non-religious) and evidence-based in nature, and we work with clients of all belief systems, including those who identify as non-religious, spiritual, or agnostic. We incorporate each client’s individual values, worldview, and sense of meaning into the therapeutic process in a way that is clinically sound and culturally responsive.

Faith-based counseling, which may incorporate a client’s personal beliefs, values, or sense of meaning—including spiritual or non-religious perspectives—is available upon request. Christian counseling, including prayer support, is also available upon request and is provided by select therapists. Clients may request a provider aligned with their preferences.

We are committed to serving a diverse population and strive to create an inclusive and respectful environment for individuals of all backgrounds, including varying cultural, socioeconomic, and belief systems.

Our services include individual therapy, couples counseling, family therapy, group therapy, workshops, and care coordination. We take a holistic approach and collaborate with other professionals and community resources when appropriate to support client needs.

### Hours of Operation

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While our in-person office hours and each therapist’s availability may vary, our hours of operation are as follows:

<b><u>Days</u></b>	<b><u>Open</u></b>	<b><u>Close</u></b>
Monday	7:30am	8:30pm
Tuesdays	7:30am	8:30pm
Wednesdays	7:30am	8:30pm
Thursdays	7:30am	8:30pm
Fridays	7:30am	8:30pm
Saturdays	7:30am	8:30pm
Sundays*	Closed	Closed
After-Hours Phone Line*	24/7 answering services (not a crisis line)	

*Note:* Sunday appointments may be available in lieu of Saturdays, subject to specific therapist’s availability. Some therapists do not work weekends at all.

*Note regarding urgent needs/emergency coverage:* Our clinic is not an emergency department and does not provide 24/7 crisis services. We do maintain a 24/7 answering service (not a crisis line) when the office is closed. If you are experiencing a mental health crisis or need immediate support, the answering service will direct you to 988 (Suicide & Crisis Lifeline) or to the local

crisis line serving your current location in California. If you are in immediate danger or need emergency medical assistance, call 911 or go to the nearest emergency room. You may also leave a non-urgent message through the TherapyPortal web portal, phone, or email, and our team will respond during the next business day

### **Service Locations**

Services are provided in person at our office and via telehealth. School-based services may be offered at local schools only when a Memorandum of Understanding (MOU) is in place. For some children and youth, sessions may also occur in the community near the office (e.g., a local park) when clinically appropriate and aligned with treatment goals. We do not provide in-home services.

## **Our Approach and Theoretical Models**

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We strive to be flexible and innovative while utilizing research-based models to meet your individual needs. We use an open-ended format and let your overall presentation and flow guide the session. We attempt to follow your need and gently guide you as needed. Modeling and storytelling are integrated parts of our style, and we may share our own or others' stories to help create deeper understanding. Below are some of the models we may utilize with this approach:

- **Integrative or Holistic Therapy:** This involves blending different elements of a wide range of therapeutic models to meet your needs.
- **Cognitive Behavior Therapy and Rational Emotive Behavioral Therapy:** This involves focusing on your thoughts and belief system to address your emotions and behaviors with your environment.
- **Solution-Focused Brief Therapy:** This helps you develop realistic solutions quickly as related to your everyday functioning. This approach is goal-oriented and task-oriented, focusing on helping you thrive quickly, without needing to analyze the deeper mental health issues.
- **Dialectic Behavioral Therapy and Mindfulness Training:** This helps you develop skills to regulate intense emotions, reduce self-harm behaviors, manage stress, and improve interpersonal relationships.
- **Psychodynamics/Psychoanalytic:** This helps you understand the connections between your past childhood experiences and your present thoughts, feelings, and behaviors, dealing with both the conscious and unconscious.
- **Gottman Method:** This involves utilizing research-based models proven to help couples learn new skills, practice conflict management, build friendship, and create a shared mission or purpose.

- **Prepare/Enrich:** This is a premarital and marital assessment tool that utilize evidence-based skills to help couples gain insight into their relationships and foster healthy communications and relationships.
- **Coaching/Conscious Dating®:** This is an approach to dating and relationships that fosters mindfulness, intentionality, and awareness. This approach is primarily for dating individuals, dating couples, and seasoned couples.
- **Strategic-Structural Family Therapy:** This involves identifying symptoms and unhealthy patterns within the family and initiating a plan to address the problems.
- **Play and Art Therapy:** This involves allowing children and adults alike to engage in self-discovery through play and art.
- **Existential Therapy and Narrative:** This involves defining your story with a discussion focused on meaning and purpose.
- **Christian Counseling:** This involves utilizing the Judeo-Christian scriptures and principles to address the whole person (body, soul, and spirit) through several previously listed approaches.
- **Faith-Based and Spiritually Informed Counseling:** This involves incorporating your faith, religion, or lack of spiritual beliefs into the previously listed approaches.

### Types of Services and Treatment Offered

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Guillaume Marriage and Family Counseling of California, P.C. provides outpatient behavioral health services, generally for clients with mild to moderately severe symptoms of severity and functional impairment. Services may include:

- **Initial Assessment & Treatment Planning:** Evaluation of concerns, needs, strengths, and goals; development of a treatment plan. This service is generally covered by most insurance plans.
- **Individual Therapy:** One-on-one psychotherapy to address symptoms, functioning, coping skills, and treatment goals. This service is generally covered by most insurance plans
- **Family Therapy:** Family therapy involves sessions with family members, caregivers, or support persons to improve communication, strengthen support systems, and enhance overall family functioning as it relates to the client's mental health concerns.
- This service is typically covered by most insurance plans as part of an individual's mental health treatment. Clients must be actively participating in individual therapy to be eligible for family therapy services. The primary focus of family therapy is to support the client's individual mental health needs rather than general relationship concerns.
- Recommended frequency may include:

- **Adults:** 1–2 family sessions per month
- **Children:** Weekly or biweekly family sessions for up to 5 months, in addition to the child’s ongoing weekly individual therapy
- **Group Therapy (Psychotherapy Process Group + Psychoeducation):** Facilitated psychotherapy groups that include process-based therapeutic work and psychoeducation/skills-building. This service is generally covered by most insurance plans.
- **Brief Case Management & Linkage Services:** This is a briefly supportive service as part of psychotherapeutic services. Support connecting to resources across life domains (e.g., housing/basic needs, benefits/navigation, healthcare access, employment, transportation, legal/advocacy services, and school supports). Services may be provided by a licensed therapist, associate, or QMHP, as appropriate. This service is covered by some insurance plan contracts but not others.
  - Case Management/Targeted Case Management is also a standalone service available through other agencies or through your PCP under a Behavioral Health Integration model. Clients who need extensive and frequent case management services due to higher level of care will be referred to community providers or to their insurance company for case management needs.
- **Brief Coordination of Care:** Collaboration with members of the treatment team/support system (e.g., medical/behavioral providers, schools/teachers, social workers/case managers, and—when clinically relevant—probation/parole) via phone calls, meetings, and shared planning (with ROI as applicable). This service is covered by some insurance plan contracts but not others.
  - Coordination of Care/Collaborative Care Management (CoCM) is also a stand-alone service available through other agencies or through your PCP under a Behavioral Health Integration model. Clients who need extensive and frequent care coordination will be referred to community providers or to their insurance.
- **EAP Services:** Consultation services focused on short-term problem solving, support, and recommendations or referrals. EAP falls under the self-improvement model and is EAP payable through employer programs. It is a time limited program, and clients must transition to their regular insurance or payout of pocket beyond the EAP benefits. Extension by the EAP provided may be allowed in some cases.
- **Couples Therapy:** Therapy with couples, dating, pre-marital, and marital to address intimate relationship under the self-improvement model. The focus is the intimate relationships, with the goal and intent of fixing the relationships or prevent future

relationship problems. Individual stress, individual problems, and individual mental health issues are not addressed. This service is not covered by insurance. This services may be covered under an EAP plan.

- **Life Skills Groups/Workshops:** Skills-focused groups that may include ADLs, routines/organization, coping and communication skills, parenting skills, and financial literacy. This service is under the self-improvement model. This service is not covered by insurance.
- **Consultation:** Consultation services focused on problem solving, short-term support, and recommendations or referrals. Consultation falls under the self-improvement model and is not covered by insurance. Consultations services are on an as-needed basis; clients reach out as needed and this is generally by phone or via video. This service is not available in person.

Clients may be referred to higher levels of care or to outside providers when clinically appropriate.

**We do not offer the following services:**

- Extensive Case Management
- Extensive Coordination of Care:
- Peer Support Services
- Medication Evaluation and Medication Management

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## Your Treatment Tracks

We have two treatment track options:

**1) Medical Model Track (Insurance-Based)**

This track is covered by most insurance plans when medical necessity criteria are met, including the presence of a mental health diagnosis. Under this track, treatment is structured around the identified client and diagnosis and may include individual and/or family therapy. A full assessment will be completed, and a treatment plan will be developed collaboratively. Frequency of services is determined by clinical need and medical necessity.

**2) Personal Growth and Development Track (Private Pay)**

This track is self-pay only and offers a more flexible model designed to address life challenges, personal growth, and relational concerns when medical necessity is not met. A full assessment will be completed, and a treatment plan will be developed collaboratively. Frequency of services is based on the client's willingness to participate

and ability to pay. Program Structure, Session Frequency, Level of Care, and Treatment Plan Review

## **Program Structure, Session Frequency, and Level of Care**

### **Program Length and Course of Treatment**

Guillaume Marriage and Family Counseling of California, P.C. generally provides care within a structured 12-month episode of treatment, consistent with typical insurance coverage patterns.

Treatment typically begins with weekly sessions, then gradually decreases in frequency as clinically appropriate:

- Weekly sessions at the start of treatment
- Transition to biweekly sessions as progress is made
- Transition to monthly sessions as clients move toward maintenance or discharge

Some clients may receive prior authorization for a limited duration (e.g., 3 or 6 months), which may determine the length of approved services. Authorization extensions are not guaranteed and are subject to insurance review.

### **Extended Treatment Needs**

Some clients may require ongoing weekly or biweekly therapy for a longer period due to clinical need, which may extend up to two (2) years. In general, continuous treatment beyond two years may require a planned break in services and/or transition to a maintenance level of care.

Clients may return to treatment following a break, particularly if new or worsening symptoms or life stressors arise.

### **Level of Care**

Services are generally provided for clients whose needs fall within mild to moderately severe levels of symptom severity and functional impairment. When clinically appropriate, clients may be referred to a higher level of care (e.g., intensive outpatient, partial hospitalization, inpatient/crisis services) or to outside providers for specialized services.

### **Session Length and Extended Sessions**

Session length depends on the type of service and clinical need. Sessions may range from 15 to 60 minutes, with standard therapy sessions typically lasting 53–60 minutes.

On rare occasions, and when clinically appropriate, sessions may be extended beyond 60 minutes. Clients are responsible for any charges associated with extended session time that is not covered or reimbursed by insurance.

### **Call-As-Needed Plan**

The Call-As-Needed Plan is available for clients who do not require regularly scheduled sessions or whose schedules make routine appointments difficult.

Under this plan, clients may contact the office to request same-week, next-day, or same-day appointments, based on therapist availability. Clients must have completed the assessment phase and have an active treatment plan on file to utilize this option.

### **Maintenance Program**

The Maintenance Program is designed for clients with chronic mental health conditions or complex life circumstances who benefit from ongoing, lower-frequency support.

This may include clients managing long-term mental health conditions, chronic medical conditions, or significant life transitions. Maintenance sessions may be scheduled every 2–3 months or quarterly, depending on clinical need and treatment goals.

There is flexibility for temporary increases in session frequency (e.g., weekly or biweekly) during periods of increased stress.

Clients participating in maintenance care must be functioning at a mild to moderate level and not require intensive case management or coordination of care. Clients experiencing higher levels of impairment may be referred to community resources or higher levels of care.

### **Treatment Plan Reviews and Ongoing Assessment**

Treatment plans are reviewed and updated every six (6) months to reflect progress and evolving clinical needs.

A three-month check-in may be conducted to assess progress toward treatment goals.

A comprehensive annual review is completed to evaluate overall progress, update goals, and adjust the treatment plan as needed.

A new assessment may be required if there has been a break in treatment of six (6) months or more, or if there are significant changes in symptoms requiring a new or updated diagnosis.

## **Therapeutic Relationship and Client Choice**

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Therapy is a collaborative process, and the quality of the therapeutic relationship is an important factor in achieving meaningful progress. We have multiple therapists available in our practice to help meet a variety of clinical needs, preferences, and treatment goals.

Clients have the right to choose their provider and to request a change in therapist at any time. If you feel that your current therapist is not the right fit, you are encouraged to contact our office to discuss your concerns and request a transfer to another provider.

Participation in therapy is voluntary. Clients may choose to start, stop, or transfer services at any

time, consistent with clinical recommendations and any applicable treatment or safety considerations.

## Notice to Clients

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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, and 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.

## Our Communications Policy

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By providing your information or initiating communication with us by email or text message, you authorize us to call, leave voicemails, and send text messages using that information. We will use this information for non-marketing purposes, including appointment reminders, billing and invoicing updates, and treatment questions.

You further understand and agree that communicating with us by unencrypted emails and text messages may not be secure. This also means that your protected health information (“PHI”) may be transmitted in this way, including information about your appointments, diagnosis, progress, and other individually identifiable information. If you choose to communicate via text or email, please limit the content to general information (such as scheduling or asking for a time to talk via phone). We encourage you to use the secure client portal (TherapyPortal) for all communications with our office or with your therapists.

### **Emergency Communication Disclaimer:**

Email, text messaging, and the client portal are not appropriate for urgent or emergency situations. If you are experiencing a mental health emergency or are in crisis, please call 911, go to the nearest emergency room, or contact the 988 Suicide & Crisis Lifeline. We do not provide 24/7 crisis services, and messages may not be monitored outside of regular business hours.

## Social Media Policy

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We maintain a presence on social media and various online platforms. Individuals may choose to interact with our content as members of the general public without disclosing any personal or health-related information.

Clients should be aware that posting reviews, comments, or testimonials that reference their care may result in the public disclosure of their relationship with our practice.

To protect confidentiality, we do not engage with or respond to comments, reviews, or messages in a way that confirms or acknowledges a therapeutic relationship.

We do not provide clinical services, respond to treatment-related questions, or engage in therapeutic communication through social media or online messaging platforms, whether public or private.

### Online Reviews and Confidentiality

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To protect client confidentiality, we do not respond to online reviews in a way that confirms or denies whether an individual is or has been a client of our practice.

If a review is posted, any response provided will be general in nature and may direct the individual to contact our office directly. In some cases, we may choose not to respond to online reviews.

We encourage clients to contact our office directly with any questions, concerns, or feedback so that we can address them appropriately while maintaining your privacy.

### Attendance, Scheduling, and Cancellation Policy

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#### **Late Cancellation/No-show Fee**

If you fail to attend your session (no-show) or cancel or reschedule with less than 24 hours' notice, a \$150 late cancellation/no-show fee may apply. This fee is not billed to insurance and will be charged to the card on file only when permitted by your insurance plan and applicable coverage rules (including DCHS-Medi-Cal/Medicaid/Managed Care Organization (MCO) requirements). When prohibited, the fee will not be charged. We may waive this fee on a case-by-case basis for circumstances outside of your control (see 'Fee Waivers'). We will not charge fees prohibited by Medi-Cal/MCO rules.

#### **How to Cancel or Reschedule**

If you need to cancel or reschedule an appointment, please notify us during business hours with at least 24 hours' notice. For Monday appointments, we ask that you cancel by 12:00 p.m. the previous Friday so we can offer that time to another client. You may also self-schedule, cancel and reschedule through the client portal (TherapyPortal).

#### **Late Arrivals and Session Start Delays (15-minute grace period)**

We offer a 15-minute grace period for both clients and therapists. If either party is up to 15 minutes late, there is no need to notify the office. After 15 minutes, the session is considered a no-show, and you may contact our office if your therapist hasn't arrived.

When scheduling allows, services may be shifted later to support a full session length if you arrive late or if your therapist is briefly delayed. If we are unable to provide a full session due to scheduling constraints, the session will still end at the scheduled time.

#### **Fee Waivers**

We understand that unexpected events happen. We typically waive late cancellation fees for circumstances outside of your control, such as local inclement weather, unexpected work or

school obligations, family emergencies or unpredictable family needs, or a serious contagious illness.

### **No-Show/Late Cancellation Pattern**

After three (3) no-shows or late cancellations within a 12-month period, we will move you to a call-as-needed scheduling plan. After five (5) no-shows or late cancellations within a 12-month period, we may discontinue services.

#### **If the Clinic Cancels**

If we must cancel an appointment with less than 24 hours' notice, we will make every effort to reschedule within the same week when possible. If rescheduling within the same week is not possible (for example, a Friday/Saturday cancellation or limited availability), we will offer the next available appointment and, when feasible, priority scheduling for the soonest opening. When clinically appropriate and feasible, your therapist may also offer a brief check-in by phone or secure telehealth as interim support until your rescheduled session. Because services are billed only when provided, we do not issue refunds or credits for appointments canceled by the clinic.

### **Switching Appointment Type (Telehealth/In-person)**

If you need to switch an in-person appointment to telehealth, or a telehealth appointment to in-person, please let us know as soon as possible and no less than 24 hours in advance. We may be able to accommodate the change, subject to therapist availability and appropriate clinical/administrative considerations.

## **Office Policies**

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**Substance Abuse:** We will not provide you with service if you are under the influence of recreational drugs (including cannabis/edibles) or alcohol during our sessions. If you come to a session under the influence of recreational drugs or alcohol, we will conclude the therapy session. You may not drink alcohol, use cannabis/edibles, or smoke/vape during sessions, including during telehealth sessions (on camera or off camera) while your appointment is in progress.

**Expected Conduct:** If you engage in aggressive behavior or communication toward your therapist or engage in dangerous behavior (to be determined at the sole discretion of the therapist), we will immediately conclude the therapy session. We may also take other action as necessary, including but not limited to, involving law enforcement. Such conduct may necessitate an evaluation of the feasibility of continuing our work with you, including during telehealth sessions.

**Third-Party Guests:** Third-party guests may only join a therapy session with the mutual consent of your therapist, including telehealth sessions. Please ask us before your appointment if you would like to have a new visitor attend the therapy session. By signing these policies and procedures and by participating in the therapy session, you and your visitor acknowledge that the visitor is not a client of Guillaume Marriage and Family Counseling of California, P.C.

**Sick Policy.** Out of consideration for your therapist and other office visitors, please do not come into our office if you feel sick. If you are experiencing symptoms of illness, please let us know as soon as possible so that we can move the session to telehealth or reschedule as needed. If your appointment is already scheduled for telehealth and you are ill, please let us know as soon as possible if you need to reschedule.

**Emergencies.** If you need to cancel an appointment due to an emergency, please let us know.

## Minors: Parents/Guardians and Court-related Policies

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A parent or legal guardian who authorizes a minor's treatment is required to be involved in the minor's care. This includes attending monthly family/collateral sessions without the minor present—or more frequently (including weekly) if indicated by the treatment plan—and participating in family sessions with the minor when indicated by the treatment plan. When clinically appropriate, we may also request that other adults in the home who have a caregiving role (e.g., stepparents, partners, or other primary caregivers) participate in collateral and/or family sessions, with or without the minor present. The therapist will use professional judgment in sharing information with a parent/guardian, balancing the minor's privacy with clinical appropriateness and safety.

### Parents/Guardian Information Required

We require the full name of both biological parents at minimum in order to provide ongoing services. We also require complete contact information for both biological parents, and for any stepparent in the home who are actively involved in the child's daily care. We will not provide ongoing services to a minor without at least the full names of both biological parents on file. If the whereabouts or contact information for a biological parent is unknown, this must be clearly documented and disclosed to the clinic at intake.

### Custody Parenting Plans and Court Documents

If there are any custody arrangements, parenting plans, restraining orders, or other court orders affecting the minor, we require a copy of the current court documentation on file. If required documentation is not provided, we will limit services to initial assessment session(s) and treatment plan recommendations and will not provide ongoing treatment until documentation is received.

### Two-Parent Consent and Parental Objection

When a minor lives with both biological parents or the parents share joint legal custody, services will be discontinued if either parent objects to treatment, unless and until the parents reach an agreement or we receive a court order requiring treatment.

### Court-Ordered Services and Legal Requests

We are not a court-approved provider. We do not provide court-ordered services when medical necessity is not warranted. We will conduct an assessment based on standard practice, and if medical necessity is met, treatment may be offered consistent with standard outpatient mental health practice standards.

Requests involving legal matters—such as reports for court, record summaries, letters, testimony, consultation with attorneys, or other court-related communications—are generally not covered by insurance and are billed separately at a prorated hourly rate, plus our records release fee (if applicable). Records release fees will be charged only as permitted by California law and will not exceed California’s statutory limits. Postage and other allowable administrative costs may apply as permitted by law.

### **Parent/Guardian Presence**

A parent/guardian is expected to remain on the premises during a minor’s appointment unless the minor is 14 years or older.

Minor clients and their parents/guardians are encouraged to discuss any questions or concerns about confidentiality, parental involvement, custody documentation, or legal requests with the therapist.

### **Individual and Family Therapy: “Open Secrets” Policy**

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Our practice provides individual therapy and family therapy, generally with one therapist. This may include: (1) one identified client receiving individual therapy and with family member(s) participating in family therapy. Or (2) Two related individuals, each receiving individual therapy with their own therapist and participating in family therapy, with their own therapist or with a third therapist.

Under this option, all parties receiving individual therapy will have an open account in TherapyNotes. No account is needed for family members who are participants in family therapy only.

#### **Default approach: “Open Secrets”**

Our default approach is an “open secrets” policy. This means the therapist may learn information in individual sessions that other family members or partners do not know. The therapist may keep information shared in individual sessions confidential from other participants unless the client provides written permission to share, or unless disclosure is otherwise required by law (e.g., safety-related mandated reporting).

We recognize that secrets are a natural part of life and that not all secrets carry the same weight. Therapy may include discussion of the potential effects of sharing—or not sharing—important information. The therapist may help you consider if, when, and how to share certain information in a thoughtful way. We do not support indiscriminate disclosure; however, we may explore whether bringing certain information into the open could support healing and the goals of

treatment.

### **Release of Information Between Adult Participants (ROI)**

When adult family members/partners participate in family therapy, each adult participant must sign a Release of Information (ROI) authorizing two-way communication with the other adult participant(s) as a condition of participating in family therapy. This allows the therapist to coordinate treatment appropriately, including discussing scheduling, treatment participation, and clinically relevant information within the scope of services. This ROI requirement applies only to adult participants; minor children do not sign an ROI for communication with other participants in family therapy.

### **Records and Release of Information**

When two related individuals are receiving individual therapy, the therapist maintains a separate clinical record for each individual client. Family session content is documented within the individual client record(s) and is not maintained as a separate “family record.”

Because family sessions involve more than one person, releasing records that include family session information generally requires written authorization from each participating adult, unless an exception applies (e.g., disclosure required by law or a valid court order).

### **Alternative Approach: “No Secrets” (only if specifically agreed upon)**

In some family cases, the therapist may use a “no-secrets” policy. If this approach applies, the therapist will explain it at the start of treatment. Under a no-secrets policy, the therapist will not agree to keep information learned in individual sessions secret from other participants in the family therapy. The therapist may encourage disclosure, and in some situations may require a decision about disclosure or may discontinue treatment if the treatment structure is no longer clinically appropriate.

### **Acknowledgment**

By signing this agreement, each participant acknowledges they have read, understood, and discussed this policy and agrees to participate in services under these terms.

### **Couples Therapy or Primarily Family Therapy: “No Secrets” Policy**

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When engaging primarily in couples therapy or when engaging primarily in family therapy with an identified client, your therapist views the couple or family as a single client unit.

Occasionally, the therapist may meet with individuals or subgroups (for example, one person or two siblings) as part of the overall therapy. These sessions are considered part of the family or couple therapy—not separate individual therapy.

Because this is a “no secrets” model, the therapist will not agree to keep information shared in individual or subgroup meetings secret from the rest of the couple/family unit if the therapist determines it is relevant to the goals of treatment. The therapist will use clinical judgment

regarding what to disclose and, when appropriate, will offer the individual the opportunity to share sensitive information themselves.

If you have information you need to keep strictly private, you may wish to work with a separate individual therapist in addition to family therapy or couples therapy. This policy is intended to prevent conflicts of interest and support effective treatment focused on the needs of the unit. If the therapist is unable to exercise clinical judgment about sharing information relevant to the unit's therapy, treatment may need to be discontinued.

Under this model, all participating parties must have an open account in TherapyNotes and complete paperwork.

### **Records and Release of Information:**

Because the couple/family is treated as a single client unit in this model, any request to release treatment records will require written authorization from all adult members of the unit. If records are subpoenaed, the therapist will assert the psychotherapist-client privilege on behalf of the whole unit, unless disclosure is required by law or ordered by a court. Confidential information will only be released to third parties with the required written consent, unless required by law.

### **Release of Information Between Adults Participants (ROI):**

When adult family members/partners participate in family therapy or couples therapy, each adult participant must sign a Release of Information (ROI) authorizing two-way communication with the other adult participant(s) as a condition of participating in these services. This allows the therapist to coordinate treatment appropriately, including discussing scheduling, treatment participation, and clinically relevant information within the scope of therapy.

In a "no secrets" treatment model, this ROI supports the expectation that information necessary for the work may be addressed with the full couple/family unit, consistent with the goals of treatment. This ROI requirement applies only to adult participants; minor children do not sign an ROI for communication with other participants in family therapy.

### **Acknowledgment**

By signing this agreement, each participant acknowledges having read, understood, and discussed this policy, and agrees to participate in family therapy or couples therapy, with occasional individual or subgroup sessions, under these terms.

### **Internal Access to Records**

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This section applies only to providers and staff within this practice.

Your clinical record is maintained as a chart within our practice. On an as-needed basis, authorized team members may access your record to support your care, ensure continuity of services, and for administrative or quality assurance purposes.

If your care is transferred to another therapist within the practice, your new therapist will have access to your existing records so you do not need to repeat your history or complete a separate release of information.

If you are working with more than one provider within the practice, all providers involved in your care will have access to your records to coordinate treatment effectively.

All access to your records is conducted in accordance with applicable privacy laws, including HIPAA, and is limited to what is necessary to support your care and the operations of the practice.

## Dual Relationships and Boundary Crossing in Culturally Specific Services

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The relationship between a client and therapist is a professional one. This professional relationship is essential to the therapeutic process and helps ensure services are safe, effective, and do not cause harm. Guillaume Marriage and Family Counseling of California, P.C., follows ethical and legal standards established by professional licensing boards and relevant professional associations.

Because of these standards, the therapist will not enter into non-professional relationships with a client during treatment or immediately after treatment ends. In some circumstances—particularly in small or interconnected communities (for example, ethnic minority communities, faith communities, rural communities, or other close-knit cultural communities)—some degree of contact outside of sessions may be unavoidable. When a potential dual relationship (meaning an additional relationship or role beyond therapy) occurs, it will be kept to a minimal or moderate level of interaction and will be addressed directly within therapy. Confidentiality will continue to be maintained, and the therapist will take steps to manage the dual relationship in a way that protects the therapeutic relationship and the client’s wellbeing.

Both the therapist and the client share responsibility for maintaining the boundaries of the therapeutic relationship. This includes not approaching one another to discuss therapy-related matters outside of scheduled sessions. If, at any time, it is determined that the therapeutic relationship cannot be ethically or clinically maintained due to boundary concerns or dual relationship complications, the client will be offered appropriate referrals for continued care.

### **Boundary Crossings**

As part of providing culturally specific and culturally responsive care, certain boundary crossings may occur when they are clinically appropriate and beneficial to treatment. A boundary crossing refers to a departure from more traditional therapy practices that may, in some cases, enhance the therapeutic process. Examples of potentially beneficial boundary crossings may include limited therapist self-disclosure, non-sexual supportive touch (when appropriate), culturally meaningful non-monetary gifts, flexibility in scheduling or session location when clinically indicated, or limited contact outside of the typical therapy setting.

## **Boundary Violations**

Boundary violations are different from boundary crossings. Boundary violations are harmful to clients and are prohibited. This includes, but is not limited to, inappropriate interactions or any behavior that exploits the client or undermines the therapeutic relationship. Romantic or sexual relationships between therapists and clients are strictly prohibited and are unethical and illegal.

## **Gifts**

Guillaume Marriage and Family Counseling of California, P.C., has zero tolerance for monetary gift exchange. Therapists will not accept monetary gifts from clients (including cash or gift cards) and will not give monetary gifts to clients. In some situations, small non-monetary gifts that are culturally meaningful and therapeutically appropriate (including small gifts offered by children, youth, and adults) may be accepted. In rare cases, the therapist may offer a small non-monetary item as part of the therapeutic process (for example, a small book or therapeutic resource). Any gift exchange will be approached thoughtfully, with the client's best interest and professional ethics as the guiding standard.

## **Attendance at Client Events**

In certain circumstances, a client may invite a therapist to attend a personal, family, cultural, or community event. The therapist will use professional judgment and may consult with colleagues before accepting such invitations. Attendance will only be considered when it is clinically appropriate, beneficial to treatment, and can be managed ethically with attention to confidentiality and boundaries.

## **Healing Touch**

Some cultures value touch as part of comfort, connection, and healing. For this reason, "healing touch" may be considered a form of boundary crossing that can be beneficial and appropriate in certain situations. Healing touch will only occur with the client's consent and may be initiated by either the therapist or the client. Examples may include, when clinically appropriate, a handshake, a brief comforting hug, or touch in the context of prayer-based interventions (such as holding hands extended away from the body).

With children, appropriate touch may include holding a child's hand to walk across the room, a supportive hand on the shoulder, a comforting hug, or a goodbye/hello hug initiated by the child. Appropriate touch may also occur within the context of play therapy or art therapy.

When clinically indicated—particularly with children who struggle with boundaries—the therapist may also use carefully considered touch to model, reinforce, and teach healthy boundaries.

## **Clinical Oversight and Documentation**

The therapist is responsible for managing the therapeutic process, consulting with colleagues as needed when concerns arise related to dual relationships or boundary crossings, and documenting clinically relevant plans for addressing any dual relationships or significant boundary crossings that may occur during treatment.

### **Professional Consultation**

Professional consultation is a critical component of healthy psychotherapy practice. As such, therapists regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, therapist will not reveal any personally identifying information regarding the client.

### **Coordination of Care, Case Management, and Release of Information (ROI)**

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To support continuity and quality of treatment, Guillaume Marriage and Family Counseling of California, P.C. may coordinate care with other members of your treatment team and support system (for example: medical providers, behavioral health providers, social workers/case managers, peer support specialists (maternal and paternal mental health support for parents/caregivers), teachers/school staff, and—when clinically relevant—probation/parole officers). Coordination of care may include sharing clinically relevant information and participating in phone calls, case consultations, meetings (including school meetings such as IEP/504 meetings), and case management activities, including research and linkage to community resources, when it supports your treatment goals.

### **Billing for coordination-of-care, case management, related meetings or reports**

When allowed by your insurance plan and provider contract, coordination-of-care services (including phone calls, meetings, school meetings, case management/resource linkage, and peer support services) may be billed to insurance. Coverage varies by plan/benefit and contract. When billing is not permitted by your plan/contract or is not covered, these services will be billed to the client at the provider’s customary hourly rate, prorated based on time spent.

### **Travel time/costs (if required)**

If in-person coordination requires travel (e.g., attending a school meeting or meeting with another provider), travel time may be billed at the hourly rate (prorated), and travel-related costs may also be billed to the client when not covered or not allowed by insurance/contract.

### **Release of Information (ROI) and Internal Communication**

We require a signed Release of Information (ROI) on file in order to communicate with other professionals (including schools and peer support services, as applicable) and to share information for coordination of care. Within Guillaume Marriage and Family Counseling of California, P.C., information may be shared among authorized staff and therapists as needed for

treatment, care coordination, supervision/consultation, and practice operations (including documentation and scheduling), consistent with privacy and HIPAA requirements.

### **Fees for releasing records and reports**

There is no separate fee for releasing existing records to another provider, school professional, peer support specialist, or other treatment-team member as part of coordinated care. However, if a custom written report, letter, or formal summary is requested (beyond releasing existing records), customary fees for report writing will apply and will be billed on an hourly, prorated basis based on time spent.

### **Use of Artificial Intelligence (AI) in Practice Operations and Documentation**

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Guillaume Marriage and Family Counseling of California, P.C., may use Artificial Intelligence (AI) tools to support day-to-day administrative functions and written work. Examples may include assistance with scheduling and operational workflows, drafting or proofreading non-clinical communications and materials, and supporting clinical documentation (such as drafting/proof reading progress notes) based on information the therapist enters or reviews. The therapist remains responsible for all final administrative communications and clinical documentation.

### **AI-Assisted Note-Taking With Recording/Transcription (Optional; Separate Consent Required)**

If you choose to opt in, we may use an AI note-taking tool that creates a temporary recording of a session to generate a transcript and/or summary for the purpose of drafting the clinical note for that session. The therapist will review the note to ensure accuracy and completeness. After the note has been created, the recording and transcript are automatically deleted. Participation is voluntary, is not a condition of receiving services, and you may withdraw consent at any time.

### **HIPAA Compliance, Privacy, and Confidentiality**

Our AI tools prioritize the privacy and confidentiality of your personal health information. Session information is used only for purposes related to your ongoing care and documentation. Your information is subject to strict data privacy regulations and is secured and encrypted. Business Associate Agreements and related safeguards are used to ensure data privacy and HIPAA compliance.

### **Privacy and Medical Records**

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We comply with all federal medical privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). At all times during the regular course of business and in the delivery

of professional services, we comply with state-specific client privacy and security regulations set forth by California state law, including, but not limited to, the Confidentiality of Medical Information Act and California Health and Safety Code, because we offer licensed mental health services to clients who reside in California. These laws require us to protect the confidentiality and privacy of your health records and personal information.

We use TherapyNotes as our online practice management platform, which is a HIPAA-compliant service. Please ask if you have questions about how we protect your privacy. Your signature to this form below acknowledges that you have been offered and have accepted a copy of our Notice of Privacy Practices.

We maintain records about your treatment. If you want a copy of your records, or if you want us to send your records to another provider, please ask us for a medical records request form. Please note that, in some instances, we may charge reasonable and cost-based copying, postage, shipping, scanning, or digital storage device fees. All clients must have a copy of their ID and insurance card on file for identity verification and privacy reasons during sessions.

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### Mandated Reporting and Practice Grievance Process

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**Child Abuse.** California law requires us to report all child abuse to local law enforcement or Child Protective Services (“CPS”). We must call CPS if we have reasonable cause to believe that a child who is known to us in our professional capacity may be abused or neglected. It is our policy to notify you prior to contacting CPS if, in our professional judgment, it is reasonable to do so.

**Elder Abuse.** California law also requires us to report the abuse of elders or vulnerable adults to local law enforcement or the Adult Protective Services (“APS”) office in the relevant county if we reasonably suspect abuse. This may include physical, sexual, financial, or psychological abuse, neglect, or exploitation.

**Duty to Protect.** If you tell us that you intend to cause serious harm to a specifically identifiable victim, including yourself, and we determine that you present a clear and imminent risk of harm, California law requires that we take steps to protect the potential victim by making reasonable efforts to communicate the threat to the victim and to a law enforcement agency. This means that we may disclose otherwise confidential information for this purpose.

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### California Clients’ Rights

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**As a client of Guillaume Marriage and Family Counseling of California, P.C., a California entity, you have the right to:**

- Expect that services are provided by qualified staff, including California-licensed and/or registered professionals and supervised associates, consistent with state law and professional standards.

- Verify your provider’s license/registration status and view public disciplinary information through the appropriate California licensing board (e.g., the California Board of Behavioral Sciences) and public license lookup resources.
- File a complaint with the applicable California licensing board if you have concerns about professional conduct.
- Be informed of the cost of professional services and billing practices before receiving services.
- Privacy and confidentiality of your treatment information as provided by California and federal law, including the psychotherapist–patient privilege, with exceptions as required or permitted by law (for example: suspected child/elder/dependent adult abuse reporting, threats of serious harm to self or others, certain court/insurance/authorized disclosures, clinical consultation/supervision, and defense against a claim brought by the client).
- Be treated with dignity and respect, and to be free from discrimination or harassment based on legally protected characteristics (including age, disability, race, color, ancestry, national origin, religion, sex, gender identity/expression, sexual orientation, marital status, or socioeconomic status).

### Grievance Process (California)

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If you have questions, concerns, or complaints about any aspect of services, you are encouraged to discuss them with your therapist or another clinic representative as soon as possible so we can try to resolve the issue at the lowest level.

If the concern is not resolved informally, you may file a formal grievance with Guillaume Marriage and Family Counseling of California, P.C.. Grievances may be submitted verbally or in writing, and we will provide assistance as needed to help you understand and complete the process. A written grievance form is available upon request for clients who prefer to submit a grievance in writing. A designated staff member will review and investigate the grievance and will provide a written response explaining the decision and the reason(s) for the decision. We will complete the grievance process and respond within 30 calendar days of receiving the grievance, unless a shorter timeframe is required by law.

You also have the option to file a grievance with your health plan/insurance company. If you are covered by Medi-Cal, you may file a grievance through your Medi-Cal managed care plan and/or with the California Department of Health Care Services (DHCS), including the DHCS Office of the Ombudsman. You may also file a complaint with the applicable California licensing board, as appropriate.

You may contact the **California Board of Behavioral Sciences (BBS)** at:  
1625 North Market Blvd., Suite S-200, Sacramento, CA 95834  
Telephone: (916) 574-7830  
Website: [www.bbs.ca.gov](http://www.bbs.ca.gov)

For concerns related to Medi-Cal services, you may contact the **California Department of Health Care Services (DHCS)** at:  
P.O. Box 997413, Sacramento, CA 95899-7413  
Telephone: (916) 445-4171  
Website: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)

### Legal Matters, Litigations, Letters/Forms, Records Requests, and Fees (California)

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Guillaume Marriage and Family Counseling of California, P.C. provides psychotherapy as a treating provider. We do not provide forensic evaluations and generally do not serve as an expert in contested legal matters (e.g., litigation or custody disputes). We communicate with attorneys, agencies, employers, schools, or other third parties only as permitted by law/ethics and only with a valid Release of Information (ROI) or valid legal process.

**Psychotherapist–Patient Privilege:** California law recognizes the psychotherapist–patient privilege, which generally allows the patient to refuse disclosure of, and prevent disclosure of, confidential communications between patient and psychotherapist. If we receive a subpoena or request for records/testimony, we respond in accordance with California law and may assert applicable privilege unless we receive your written authorization (or authorization from your legal representative) or a court order requires disclosure.

#### Letters and Forms (Within Scope)

We may prepare letters/forms within the scope of treatment when clinically appropriate and based on information obtained in services. Letters are limited to the stated purpose, information in the clinical record, and professional scope, and are not guaranteed. We do not release information or send letters to third parties without a current, signed ROI.

- **Minimum treatment relationship:** We generally do not write third-party letters (including employment or school letters) until the client has been in treatment for at least three (3) months, unless the client was referred by a medical provider or other professional and sufficient clinical information is available to support the request.
- **Work/school accommodations and time off:** When clinically appropriate, we may provide documentation supporting temporary accommodations, including up to one (1) month of time off, when supported by diagnosis and current clinical presentation. We do not determine or certify long-term or permanent disability. Clients seeking disability determinations will be referred to their PCP and/or a psychiatric prescriber for further evaluation.

- **FMLA/Disability paperwork:** Our practice generally does not complete FMLA or disability-related forms. Clients requiring FMLA certification or disability verification will be referred to their primary care provider (PCP) and/or psychiatric prescriber.
- Upon receipt of a valid Release of Information (ROI) from the third party reviewing the claim, we are able to provide clinical records in support of a disability or FMLA application.
- **Disability/Insurance Requests for Records:** Disability departments and insurance companies often request treatment records to evaluate claims. We generally release records only with a valid ROI and limit disclosures to information reasonably necessary for the stated purpose.
- **Emotional Support Animal (ESA) letters:** Considered only when clinically indicated and the animal is included in the treatment plan as part of the client’s mental health support.
- **Housing/domestic violence–related letters:** May document treatment participation and treatment-related symptoms/impact within scope; we do not provide legal conclusions or investigative findings.

**Brief Letters and fees:** No fees charged for brief letters, attendance letters, diagnosis verification letters, school/work/housing, or domestic violence related letters

#### **Records Requests, Turnaround Time, and Copying Fees (California)**

Requests for records must be submitted in writing. We provide records and responses in accordance with California and federal requirements, generally within 15 days, unless a shorter timeframe is required by law. Records are generally sent electronically (secure email, portal, or other secure electronic delivery), unless another method is required or requested.

Copying/production fees may be charged as permitted by law, including reasonable costs for copying, preparing, and transmitting records, and applicable postage or delivery fees when required.

#### **Fees for Legal Involvement and Special Documentation**

If we must respond to legal process (records requests, subpoenas, depositions, testimony, court appearances) or if you request documentation beyond routine records (letters/reports/forms), fees are billed for time spent on preparation, record review, drafting, travel, waiting time, and appearance time at \$300/hour (\$5/minute), prorated.

### **Insurance and Payment**

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You are responsible for payment of all professional services rendered, including any amounts not covered by insurance. Fees include both face-to-face time and clinical documentation time.

Clinical documentation is typically:

- 5–7 minutes for individual, family, or couples sessions
- 15 minutes for a 60-minute group session
- 30 minutes for a 90-minute group session

Session lengths listed below reflect face-to-face time only and do not include documentation time.

**Fee Schedule (Subject to Change)**

**A) Clinical Services (Medical Model)**

*(Insurance and Private Pay Options)*

- **Psychotherapy**

Service	Duration	Fee
Assessment/Treatment Plan	60 minutes	\$350
Individual Therapy	53–55 minutes	\$300
Individual Therapy	40 minutes	\$225
Individual Therapy	25 minutes	\$150
Family Therapy	53–55 minutes	\$300
Group Therapy	90 minutes	\$115
Group Therapy	60 minutes	\$100

- **Case Management and Coordination of Care**

Total Duration	Fee
15-60 minutes	\$75-300

**B) Personal Growth and Personal Development Track**

*(Private Pay Only)*

- **EAP Services**

Service	Duration	Price
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Initial Session	60 minutes	\$300
Individual/Couples/Family	45 minutes	\$225

- **Couples Therapy**

Service	Duration	Cost	Payment Details
Initial Assessment & Treatment Plan	60 minutes	\$300	
Follow-up Sessions	53–55 minutes	\$300	
Prepare/Enrich Self-assessment		\$35+ per couple	Paid directly to Prepare/Enrich
Gottman Self-assessment		\$39+ per couple	Paid directly to Gottman

- **Consultation Services**

Service	Duration	Price
Initial Consultation	25 minutes	\$150
Follow-up Sessions	55 minutes	\$300

- **Skills Groups / Classes / Workshops**

Type	Duration	Fee
Adult Classes	90 minutes	\$115
Adult Classes	60 minutes	\$100
Children’s Classes	60 minutes	\$50
Workshops	2–8-hour sessions	Fees vary and will be provided at the time of registration

### Prior Authorization

Some services may require prior authorization, especially when services are provided out-of-network or through an Employee Assistance Program (EAP). Prior authorizations are typically

processed within approximately 14 days. Services requiring prior authorization will not be provided until authorization is received.

### **Insurance Coverage and Payment Responsibility**

We are contracted with some insurance companies and may be in the process of applying with others. Please confirm whether we accept your insurance plan and what your benefits cover. Coverage and reimbursement for services, including telehealth, vary by plan and are not guaranteed.

Clients are responsible for understanding their insurance benefits, including coverage, limitations, copayments, coinsurance, deductibles, and authorization requirements. Clients are also responsible for payment of all copayments, coinsurance, and deductibles as outlined by their insurance plan.

While we may provide estimated costs or benefits information as a courtesy, all estimates are approximate and not guaranteed. Actual client responsibility is determined by the insurance carrier once claims are processed and may differ from initial estimates.

Co-payments are due at the time of service.

If your plan includes a deductible and/or co-insurance, the exact amount you owe may not be known until claims are processed by your insurance company. Insurance processing may take up to 60 days.

To account for this, we may collect estimated payments upfront until claims are processed. Once processed, your financial responsibility will be adjusted accordingly. Any remaining balance will be charged to your card on file, and any overpayment will be refunded or credited toward future services.

Clients are responsible for monitoring their account balances through the client portal. Certain fees, including late cancellations and no-shows, are typically not covered by insurance and remain the client's responsibility.

### **Coordination of Benefits (Secondary Insurance)**

If you have secondary insurance, it must be provided and kept on file. Insurance guidelines require that the primary insurance be billed first, followed by the secondary insurance.

If you have Medicaid in addition to another insurance plan, Medicaid is considered the payer of last resort. This means that any primary commercial insurance must be billed first before Medicaid can be billed.

Failure to provide accurate and complete insurance information may result in claim denials, and any resulting balances will become the client's responsibility.

### **Duplication of Services / Multiple Providers**

Insurance typically does not cover duplicate mental health services addressing the same or similar concerns when a client is seeing more than one provider at the same time.

If you are receiving mental health treatment from another therapist or provider for the same or similar concerns, services may be denied by your insurance as a duplication of services. In such cases, one or both providers may not be reimbursed by your insurance plan.

When multiple providers are involved in your care, services are generally expected to fall under **coordination of care**, meaning each provider is addressing distinct roles or treatment goals.

It is the client's responsibility to inform us if you are receiving services from another mental health provider. Failure to disclose this information may result in denied claims, and any resulting balance will become the client's responsibility.

### **Non-Covered Services / Private Pay Rate**

Not all services are covered by insurance. Services not covered may include (but are not limited to) coordination of care, case management, court-related services, communication with third parties (e.g., attorneys, social workers, probation/parole officers, and other healthcare professionals), and couples therapy when medical necessity criteria are not met.

Couples therapy is often not covered by insurance plans. When not covered, this service will not be billed to insurance and is the client's responsibility as a private pay service.

When services are not covered by insurance, they are billed at the private pay rate of \$300/hour (\$5.00 per minute), prorated.

### **Medicaid /MCO Coverage and Payment Policy**

If you are using Medicaid coverage (including Medi-Cal through the state or Medi-Cal Managed Care Plan through a Managed Care Organization (MCO), payment policies and fees are subject to applicable payer rules, state and federal regulations, and our provider contract.

In the event of any conflict between this document and payer rules, payer rules will control. We will not charge fees that are prohibited by your plan or applicable law, and we will provide any required notices before billing you.

Clients are responsible for maintaining active Medicaid coverage and submitting all required documentation in a timely manner to prevent a lapse in coverage.

If there is a lapse in coverage and Medicaid does not pay for services rendered during that time, the client is responsible for the full cost of services provided during the uninsured period. In such cases, a valid credit card will be required to remain on file for payment.

Any unpaid balances will be referred to collections 60 days after the date of service

## Sliding Scale Program

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This program is available to uninsured clients only.

Clients whose household income is at or below 200% of the Federal Poverty Level (FPL) may qualify for reduced fees:

- **Individual, couples, and family therapy:** \$100 per session
- **Group therapy:** \$50 per session
- **Children's group therapy:** \$25 per session

### **Income Verification Requirements**

Clients must provide proof of income in one of the following forms:

- The two most recent pay stubs, or
- The two most recent months of bank statements

### **For Minors:**

- If both parents/guardians live together, proof of income from both parents is required.
- If parents/guardians are not living together, the primary parent must disclose whether child support is received, including the amount.
- Documentation of the two most recent child support payments is required.
- Child support income will be included in total household income to determine eligibility.

### **Program Capacity**

- Sliding scale placements are limited to two clients per therapist for individual, couples, and family therapy.
- Group therapy sliding scale placements are limited to two clients per group.

All placements are subject to availability and periodic review.

A 6-month review will be conducted by the billing team to determine whether the client's financial situation has changed and if continued eligibility is appropriate.

Services under the sliding scale program are not to exceed one (1) year, and extensions are not permitted.

## Payment Plan Options for Outstanding Balances

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Clients with outstanding balances may be eligible for a structured payment plan to bring their account current. Payment plans must be arranged through the billing department and not through the treating therapist. Plans are limited to a maximum of six (6) months and must be

agreed upon in writing.

A valid credit card or payment method must be kept on file. By entering into a payment plan, clients authorize automatic charges according to the agreed-upon schedule.

Minimum monthly payments are determined by dividing the total outstanding balance by six (6) months. Clients may choose to pay more than the minimum or pay off the balance early at their discretion.

Clients may choose to pause services until the balance is paid in full or continue services while participating in the payment plan. Clients who continue services must remain current on all new session fees in addition to their payment plan.

Declined or returned payments may result in additional charges and may place the payment plan in default.

### **Collections Policy**

Accounts with past due balances and no payment plan in place will be referred to a third-party collections agency sixty (60) days after the date of service, following reasonable good faith efforts to contact the client, including but not limited to phone, email, and/or secure client portal communication.

If a payment plan has been established but payments are missed, declined, or discontinued, the account may be considered in default and referred to collections thirty (30) days after the last successful payment.

Failure to maintain payment arrangements or keep balances current may result in suspension of services.

## **Credit Card and Payment Policy**

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We require all private pay and commercial insurance clients to maintain a valid credit card on file. By providing your credit card information through the client portal, you authorize us to charge the card on file for any unpaid balances and applicable fees, including session fees, no-show fees, and late cancellation fees.

Clients may choose to pay in advance through the client portal. If payment is not received by the time of your scheduled session, the card on file will be processed. Charges will be applied for amounts that are due and payable in accordance with agreed-upon services.

### **Returned Checks:**

If a check is returned for any reason, you authorize us to charge your credit card for (1) the full balance due, (2) any fees charged to us by the bank, and (3) a \$50 administrative fee. If a valid credit card is not provided, unpaid balances will be sent to collections. Collection agencies may apply additional fees.

Accounts with unpaid balances are referred to collections 60 days after the date of service.

By signing below, the cardholder authorizes the credit card on file to be charged for agreed-upon services and fees, including returned check charges, and to be securely stored under this Credit Card Policy.

**Insufficient Funds / Declined Payments:**

If a credit card charge is declined for any reason, the client remains responsible for the full balance. Clients agree to promptly update their payment information and/or submit payment through the client portal.

If payment is declined, we will notify you and request updated payment information or alternative payment arrangements. By providing a payment method, you authorize us to re-attempt processing of any outstanding balances using the card on file until the balance is paid in full. All payment collection efforts will be conducted in accordance with applicable laws, payer requirements, and any agreed-upon payment arrangements.

If the balance is not resolved in a timely manner, we reserve the right to suspend scheduling of future appointments until the account is brought current and/or establish a payment plan by agreement.

Unpaid balances will be sent to collections as outlined above. Accounts with unpaid balances are referred to collections 60 days after the date of service.

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### Billing Statements, Paper Invoices, and Collections

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**Billing statements:** Clients may view statements and balances through the client portal. Upon request, we can provide billing statements and receipts electronically.

**Paper invoices:** If a client requests paper invoices or if electronic delivery is not available, statements may be mailed to the address on file. Clients are responsible for keeping their mailing address current. Paper invoices may be sent on a periodic schedule determined by the clinic.

**Past-due balances:** Payment is due at the time of service unless other arrangements have been approved in advance. If a balance remains unpaid, we may limit or suspend scheduling of future appointments until the account is brought current or a payment plan is established.

**Collections:** If your account becomes seriously past due and we are unable to resolve the balance through normal billing and communication, unpaid balances will be referred to a third-party collection agency 60 days after the date of service.

If your balance is sent to collections, you may be responsible for additional costs permitted by law, including collection-related fees and interest, if applicable. Once an account has been

referred to collections, payment arrangements may need to be made directly with the collection agency. We may also require the account to be paid in full or brought current before scheduling additional services.

### **Impact on Confidentiality**

If an account is referred to a collection agency, only the minimum necessary information will be disclosed for billing and collection purposes (e.g., your name, contact information, dates of service, and balance due). No clinical information will be shared beyond what is necessary to collect payment.

### **Acknowledgment and Agreement to Our Policies and Procedures**

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You, the undersigned client, acknowledge and agree to the following statements:

- You have read and understood this entire document and you are bound by this document.
- You have truthfully provided the information requested.
- You authorize the use of your health information for these services.

We have offered you ample time and opportunity to discuss your concerns, and all your questions have been answered to your satisfaction.

**This document may be electronically signed. Electronic signatures on this agreement are the same as handwritten signatures for validity, enforceability, and admissibility purposes.**

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**Client Name**

**Signature**

**Date**

### **Informed Consent for Mental Health and Psychotherapeutic Services**

Before we provide mental health and psychotherapeutic services to you, California law requires that we obtain your informed consent. You can only provide us with your informed consent after we have discussed your proposed services, the potential risks of those services, the potential benefits of those services, and information about any possible alternative services. Please tell us immediately if you experience any health changes or ever become uncomfortable during counseling services.

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You, the undersigned client, acknowledge that the Practice, its owners, agents, or employees may provide counseling services to you. You understand that our services encompass your personal

growth and do not involve changing or “fixing” other people in your life.

You acknowledge that the ideas, goals, and methods of the counseling services have been explained to you, and your licensed marriage and family therapist will use procedures that are appropriate for you. You further acknowledge that periodically during treatment, your progress will be evaluated, which may also change your treatment goals.

The expected outcome and benefits of the services:

- Opportunity to better know oneself
- Opportunity to discuss a myriad of topics in a safe environment
- Improvement in your ability to cope with life demands
- Improvement in your relationships and self-confidence
- Improvement in your communication skills and function

The most common risks of receiving the services or not continuing the services once started:

- You may become too dependent on treatment
- Your condition may go unchanged or worsen, or a new problem may develop
- Your symptoms may disappear spontaneously or from other interventions like education or self-help
- You may recall unpleasant events and experiences
- Intense feelings of sadness, anger, or fear may arise
- You may be at risk for injury to yourself or others

Alternate treatment modalities include self-help groups, environmental changes, inpatient services, and community resources, including churches, social services, and other governmental agencies. You understand that this consent can be withdrawn at any time and that you are entitled to a copy of this consent. You further acknowledge that:

- The counseling services and its risks, benefits, side effects, and alternatives have been explained to you.
- The counseling services may not have the result that you expect, and you have been informed as to other possible treatments that may provide you a benefit.
- You have not been given any guarantees about the result of any services.
- You have had ample opportunity and time to discuss your concerns with your licensed marriage and family therapist or any healthcare provider that you desire, and all your questions have been answered.

By signing below, you acknowledge that you are competent, understand this policy, and have been provided material information regarding the proposed care, treatment, service, intervention, or procedure, and the anticipated risks, benefits, side effects, and alternatives, as well as the risks of non-treatment. Thus, you hereby provide your informed consent to receive

counseling services.

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**Client Name**

**Signature**

**Date**

## Informed Consent for Telehealth

Guillaume Marriage and Family Counseling of California, P.C. provides services both in person at our office locations and remotely via telehealth. Clients scheduled for in-person sessions may request to switch to a telehealth appointment due to illness or for any other reason. Similarly, clients scheduled for telehealth services may request to switch to an in-person appointment, based on availability and clinical appropriateness. We ask that requests to change the format of your session be made as soon as possible, and preferably with at least 24 hours' notice, to allow for scheduling adjustments.

**If you utilize telehealth services at any point during your care, the following telehealth policies will apply.**

### *Overview of Telehealth Services*

- **Considerations for Telehealth.** *To ensure your safety and full ability to participate in the session, do not drive or run errands during your session time.* Please log in and show up to telehealth appointments before the actual appointment time to make sure that your audio and video are operating correctly. You are fully responsible for making sure that you are in a safe, quiet environment that offers you sufficient privacy and that has a good quality internet connection. Please use a computer, phone, or tablet with a built-in camera and sound system during telehealth sessions. Phone sessions without a camera are only utilized in case of technical issues where rescheduling is not appropriate or not possible.
- **Scope, Standards, and Professional Ethics.** We will provide telehealth services to you electronically, using audio-visual communications and information technologies, including real-time interactive services. We utilize evidence-based telehealth practice guidelines and standards of practice to the degree they are available to ensure your safety, quality of care, and positive outcomes. Services provided through telehealth must satisfy the same standards of care and professional ethics as licensed marriage and family therapists who use traditional in-person encounters with clients. We make best efforts to ensure that the services provided are consistent with our scope of practice, including education, training, experience, ability, licensure, and certification.
- **Client Access and Feedback.** Through the telehealth technologies and our policies, we seek to ensure that you have easy access to mechanisms to your health information, including the ability to access, supplement, and amend your personal health information; provide feedback about the quality of the telehealth services; and make a complaint. We will make reasonable efforts to respond to non-urgent messages sent through the client portal (TherapyPortal) or other approved electronic methods within 1–2 business days. Messages are reviewed during business hours and are not monitored 24/7, on weekends, or holidays. Electronic messaging

is intended for administrative and non-urgent clinical communication only (e.g., scheduling, billing questions, or brief check-ins as directed by your therapist).

If you are experiencing urgent distress, are concerned about your safety or the safety of others, or need immediate support, do not use email/text/portal messaging. Instead, call 988, call 911, or go to the nearest emergency room.

- **Plan in Case of Technology Failure.** The most reliable backup is a phone. Therefore, we recommend that you always have a phone available and that we know your phone number. If you get disconnected from a video conferencing, please end and restart the session. If you are unable to reconnect within ten minutes, we will call you during our appointment time.
- **Rights, Risks, and Benefits.** You have the right to withhold or withdraw your consent to the use of telehealth at any time without affecting your right to future care. You understand that there are risks and consequences from telehealth, including the possibility, despite our reasonable efforts of the following.
  - The transmission of your personal information could be disrupted or distorted by technical failures.
  - The transmission of your personal information could be interrupted by unauthorized persons.
  - The electronic storage of your personal information could be unintentionally lost or accessed by unauthorized persons.
  - Telehealth technology may not provide adequate information during the visit. If this occurs, we will inform you prior to the conclusion of the live telehealth interaction and notify you that you should obtain an additional in-person medical evaluation.

### ***Telehealth Technology and Equipment***

We utilize technology and equipment that complies with all relevant laws, regulations, and codes for technology and technical safety for devices that interact with clients. The technology is sufficient in quality, size, resolution, and clarity such that we believe we can effectively provide the telehealth services and is compliant with HIPAA. Please note: We use a technology provided by a third party and have no other affiliation with the third party, financial or otherwise.

Before our treatment of you via telehealth, we will disclose the below.

- The services we will provide and any limitations on such services
- The cost and fees.

- Any financial interests that we may have, other than fees charged, in any information, products, or services we provide.
- The appropriate uses and limitations of telehealth technologies.
- To whom we will disclose your client health information and your right to respect your client health information.
- Any information that we collect, and any passive tracking mechanisms utilized.

### ***Telehealth Privacy and Security***

We strive to comply with all applicable federal medical privacy laws, which require us to protect your records' confidentiality and privacy, personal information, and communications. We have established protocols that address privacy, healthcare personnel who will process messages, hours of operation, and types of transactions that will be permitted electronically.

We also have protocols for client information to be included in communications, including client name, identification number, transaction type, archiving and retrieval, and quality oversight mechanisms.

These written protocols are periodically evaluated and are maintained in an accessible and readily available manner for review. Under applicable laws and regulations, our written protocols include sufficient privacy and security measures to ensure the confidentiality and integrity of client-identifiable information, including password protection, encryption, or other reliable authentication techniques.

### ***Consent for Telehealth***

Before we can provide telehealth services, the law requires that we obtain your informed consent. You can give us your informed consent only after we have discussed the services we will provide and the potential risks, benefits, and alternatives. While your services may be primarily rendered in-person at our office, this consent applies to situations in which you elect to alternatively receive services via telehealth.

Your signature (or e-signature) below demonstrates that you acknowledge, agree to, and authorize each of the following preceding statements

- **Agreement to this Document.** You have read and understand this entire document and agree to be bound by every part. You agree to update us of any changes to your health.
- **Agreement to Receive Telehealth Services.** You agree and understand that your licensed marriage and family therapist, in their professional judgment, will determine if receiving services through telehealth is appropriate for your case. If we decide that telehealth services are appropriate for your case, you consent to receive telehealth services.

- **Telehealth Platform (TherapyNotes/TherapyPortal).** You agree to be bound by the third-party telehealth platform’s terms and conditions of use. You hereby provide your informed consent for your licensed marriage and family therapist’s use of the third-party telehealth platform to provide you services.
- **Credit Card Authorization.** If you have provided a credit card through the telehealth platform, you hereby authorize the credit card to be charged for telehealth appointments, consistent with the fee schedule then in effect, other purchases, cancellation, and returned check charges, and to be saved to our files.

*We have discussed the above information in terms that you, the undersigned client, understand. You have been informed of the risks, benefits, and alternatives of receiving telehealth services.*

You understand how to contact your provider/therapist if you have questions. You agree and acknowledge that the services may not have the results that you expect or desire, and you have not been given any guarantees about the outcome of these services. Further, you have been offered ample opportunity to discuss your concerns before your first appointment, and all questions have been answered to your satisfaction.

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<b>Client Name</b>	<b>Signature</b>	<b>Date</b>

### **Acknowledgment and Agreement for Minor Clients**

*If you are a minor (a non-emancipated minor under 18 years old), please ask your parent or guardian to review this document and sign below.*

You, the undersigned, are the parent or guardian of the above-referenced client. You have reviewed this document and give your consent for therapy services and further services by your licensed therapist or board registered associate and agree to the above policies and procedures.

**Parent or guardian name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Acknowledgment and Consent Treatment and Practice Policies (Entire Packet)**

By signing below, I acknowledge I received and agree to all sections of this packet, including: clinic policies and procedures, informed consent for treatment, communication policy, privacy/confidentiality and exceptions, fees/cancellation policy, records and releases of information, grievance process, and (if I receive telehealth) telehealth informed consent and telehealth policies.

**Parent or guardian name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_