



Service Agreement and Informed Consent

Services

Stephanie Schnizlein provides clinical consultation and cognitive-behavioral therapeutic services specifically designed to help your child and family, or otherwise will provide you with referrals to other professionals.

Stephanie's clinical and behavioral services consist primarily of behavioral evaluation and/or family therapy support. These services are based on treatment goals established by caregivers and/or related professionals, such as: psychiatrists, psychologists, educators, IEP specialists, and other professionals. Stephanie's services may include, but are not limited to: in-home and in-school observation and support, parent coaching, on-site support at clinic, and short or long-term consultations with individuals, parents, educators and other related professionals.

Collaboration and consultation with other providers/professionals involved is an integral component of successful treatment. A release of information form will be completed and signed by you prior to any consultation or discussion about your child.

Therapeutic Models and Approach

Stephanie has been trained in counseling psychology, family dynamics, cognitive-behavioral therapy and art therapy techniques.

During our work together, we will focus on:

- Recognizing your child and family strengths and building upon them
- Recognizing your child and family's challenges and finding creative new ways to overcome them
- Building meaningful bonds, establishing trust, and being mindful of best practices

- Working to understand the functions of behaviors and implement a balance between positive behavioral change and consistent implementation of behavioral strategies.

Appointments

I am currently available to meet with clients Monday – Friday. Based upon the nature and location of this work, business hours will vary. Telephone calls may be difficult to answer during the day. Telephone messages can be left at a secure voicemail box and will be returned as soon as possible. Email is the preferred way to reach Stephanie for issues surrounding scheduling sessions or calls. Please note phones calls or emails beyond 15 minutes will be billed at the hourly rate.

Due to the mobile nature of this work, Stephanie cannot be responsible for being a few minutes late and will make an attempt to email, text or call you to notify you if there is a delay.

Clients are billed the hourly mobile rate (\$300) for any drive time over 30 minutes from the central office location. Our central office is located at 13 Lodato Avenue, San Mateo, CA 94403.

Cancellations

Sessions require a 48-hour notice for cancellation. Cancellations can be made via email. If services are scheduled to take place in your home and other members of your home are ill, please notify us ASAP. You will be responsible for charges of sessions not cancelled within 48 hours. There is no charge for sudden illness, but ample notification should be provided in the event a child is ill.

Confidentiality, Records and Release of Information

All written records and information disclosed during sessions are kept confidential. I will not share any information provided without your written permission.

There are several exceptions to patient confidentiality. Under California State Law, some of the circumstances include court orders for information; suspicion of child, dependent or elder abuse and/or neglect and where a client poses a threat to the safety of self and/or property or others. If it is necessary to release information due to such circumstances, every effort

will be made to first discuss the situation with you prior to the release of the information.

Safety

I will assure to the best of my ability that your child will be kept safe during our session. Due to the nature of working with children who face behavioral and social challenges, a child may be physically prompted (physically guided, safely escorted, etc.) in a safe and non-punitive manner or you may be directed to physically prompt your child. As part of a behavioral intervention protocol, physical prompting and calming locations for de-escalation may also be required. Stephanie Schnizlein will not utilize physical restraint nor will assist you with physically restraining your child.

During the course of a session, at times children may seek out physical contact via hugs, high fives, playing out activities and scenarios with toys or sensory integration. Any physical contact of this nature will be positive and safe.

Session Information and Rates

A 90-minute intake appointment will precede any ongoing one-on-one early intervention support. Intake appointments typically will include a clinical meeting with caregivers at the central office as well as an observation of your child at home, school, or another mutually agreed upon location.

Please be prepared to provide payment for intake appointments at the end of the session. Following our first session, you will be billed at the end of each month for all services occurring during that particular month.

If a school and/or community observation is requested as part of an evaluation, this observation will be scheduled prior to our first session or appointment. Scheduling this observation prior to meeting your child will better ensure an accurate observation of your child free of reactivity. Stephanie Schnizlein will work with you and the appropriate parties to determine the day, time, length and frequency of these observations. Observations will be done in the least intrusive manner possible and results of the observation or discussion of the observation will not be shared with anyone on the date of the observation. A follow-up meeting or phone call will be necessary to discuss the observation with the site observed.

Due to the nature of Behavioral and Therapeutic Consultation Services, observations and sessions will take place in the family home, school or community and involve travel time. The billable rate for treatment is \$300/hour. The treatment rate includes up to 30 minutes of travel time to our session, a 50 minute session and time for session documentation. Because Behavioral Consultation is an active process between myself and the family, time is available during the session for short discussion, questions or updates.

**Please note the hourly rate also includes all preparation work, materials developed for the purpose of providing customized support, and collaboration with other providers.*

Clinic treatment is billed at \$250/hour. Clinic treatment includes collateral meetings or other sessions where there is no clinical indication that the sessions must take place in the home or other environment. The one hour session involves 50 minutes of direct service in the clinic, a short discussion and time to document the session. Time is available during these sessions for short discussion, questions or updates. If additional time is needed for lengthier discussion (more than 15 minutes) a separate session or phone consultation can be scheduled and will be billable at the full hourly rate.

Termination/Closure of Services

Treatment services will be terminated once we jointly determine that your child has made satisfactory progress with behavioral concerns. Ongoing therapeutic sessions may be terminated for any reason with fair and reasonable notice. Should you decide to terminate ongoing sessions, please notify Stephanie in writing *at least* 48 hours prior to your next scheduled appointment. Notice of termination given less than 48 hours prior to next scheduled appointment will be billed at the full hourly rate.

Payment

Payment can be made via check or cash on the date of service or paid via check and sent to the office located at 13 Lodato Avenue, San Mateo, CA 94403. Stephanie Schnizlein also accepts PayPal. A billing statement/invoice will be emailed by the first of each month for the prior month's services via PayPal. All outstanding payments are due by the 7th of the following month or subject to a \$50 dollar late charge fee. Checks

should be made payable to: Stephanie Schnizlein, LPCC. Please note there is a \$25 dollar fee charged for all returned checks.

Insurance Reimbursement

If you plan to request reimbursement from your insurance, please understand that you should check your coverage carefully and contact your plan administrator with questions. Stephanie Schnizlein does not contract directly with any insurance company and I do not accept payment from insurance companies. Most families choose to submit their service invoice for reimbursement from their insurance company. Please note I will not advise or answer specific questions related to reimbursement or insurance coverage for services.

Consent for the Treatment of Minor Children

Therapeutic services generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of a guardian to give consent for services, Stephanie Schnizlein will require the guardian to submit supporting legal documentation prior to the commencement of services.

Patient Bill of Rights

You have the right to:

- ❖ Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- ❖ Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.
- ❖ Receive respectful treatment that will be helpful to you.
- ❖ A safe environment, free from sexual, physical, and emotional abuse.
- ❖ Ask questions about your therapy.
- ❖ Refuse to answer any question or disclose any information you choose not to reveal.

- ❖ Request that the therapist inform you of your progress.
- ❖ Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- ❖ Refuse a particular type of treatment or end treatment without obligation or harassment.
- ❖ Refuse electronic recording (but you may request it if you wish).
- ❖ Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment
- ❖ Report unethical and illegal behavior by a therapist
- ❖ Receive a second opinion at any time about your therapy or therapist's methods.
- ❖ Request the transfer of a copy of your file to any therapist or agency you choose.

Source: California Department of Consumer Affairs

ALTERNATE MEANS OF COMMUNICATION CONSENT

Please check the appropriate box and initial to indicate that you have read and understand the following:

I _____ authorize Stephanie Schnizlein to email, text or voicemail me regarding appointment times and/or to exchange information, as needed. By initialing this section you are aware of and authorize me to potentially send information that may be read or listened to by unauthorized persons, groups, companies or government agencies that Stephanie Schnizlein does not control or may not know of reading or listening to such information shared via these modes of communication.

Please note: by not authorizing these methods of communication we are left with traditional US mail to communicate information.

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I _____ authorize Stephanie Schnizlein to photograph or video my child for the purpose of creating materials that support my service, such as visual icons, social stories, etc. Stephanie will only utilize photographs or videos for the purpose of better serving your child, and photographs and videos will be deleted after being utilized for the purpose discussed and intended. I understand that if I send a picture or video to Stephanie for any purpose, she will utilize the material only for the purpose intended.

Consent

Your signature(s) below indicates that you have read the information in this document and agree to be bound by its terms.

By signing this contract, I agree to the terms and conditions outlined above and authorize Stephanie Schnizlein, LPCC to provide services to my child. Furthermore, I agree to the financial responsibility for all services rendered per the terms described above.

Name of Child

DOB

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Signature

_____ Date