



Service Agreement and Informed Consent

Services Offered

Donka Le-Dimitrova provides services specifically designed to help you and/or your child, or otherwise provide you with referrals to other professionals. At WOW, our current clinical and behavioral services offer evaluation and treatment which may include but not limited to: individual and family counseling, parent training, in-home and in-school observation, assessment, consultation and support. I may provide long-term consultation/support regarding your child's behaviors and impact of those behaviors on your family, and short-term consultations with individuals, parents, educators and other related professionals about a variety of behavioral health issues. In addition to behavioral work, social skills and supportive group services are available. Some services are provided in our office in San Mateo, but for the most part, WOW works with children and families in their homes and schools.

Collaboration with other providers is an integral part of successful treatment. At times it may be necessary for me to consult with other professionals involved in your child's treatment. A release of information form will be completed and signed by you prior to any consultation or discussion about your child.

Approach

My approach is strength-based and supportive. I have expertise in addressing a wide range of concerns that children and families often face including: anxiety, bullying, stress, depression, emotion regulation, healthy relationships and behavior management. I feel strongly that no single approach is right for everyone, and incorporate aspects of evidence-based interventions and the following modalities into my practice: Collaborative Problem Solving, Cognitive-Behavioral Therapy, Dialectical Behavioral Therapy and Family System Therapy.

I have had the opportunity to work with a variety of children and families making it easy for me to adapt to new situations. The families I have worked with have recognized and appreciated my constructive way of working with their children. The values I offer in the process of working with children and their families are:

- Patience
- Respect
- Honest relationships
- Understanding
- Awareness of feelings, values, beliefs, and cultural differences



Please do not worry about:

- The neatness of your home. I understand that families are busy and that we have more important business to take care of. I will always be respectful of your home.
- Your child's misbehavior. That's why I am here! I understand that part of my work sometimes involves being verbally or physically aggressed against.
- If you are feeling stuck or overwhelmed. Making changes is challenging and can trigger a variety of emotions. Again, that's why I am here!

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, I will require supporting legal documentation prior to beginning services.

Safety

We will all work to the best of our ability to assure that children are kept safe during treatment. Due to the nature of behavioral therapy and social skill facilitation, children may be physically prompted (picked up, 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 time-outs may also be required. I will not utilize any physical restraint nor assist you with physically restraining your child outside of the use of body or structural proximity control. If at any time you have questions surrounding an intervention utilized, please ask. Based on the developmental nature of young children during the course of evaluation or treatment, children oftentimes will seek physical contact in the form of hugs, high fives, fist bump, playing out activities and scenarios with toys or sensory integration. All physical contact of this kind will be positive and safe.

Appointments

I see clients Monday-Friday and in special and rare circumstances may choose to see clients on weekends. Because of the nature and location of my work, business hours will vary. Please note that due to the mobile nature of my practice and Bay Area traffic, I cannot be responsible for being a few minutes late. I will make an attempt to email or call you to notify you if I am going to be late. Please note lengthy calls or email exchanges beyond 10 minutes will be billed at the hourly rate. Confidential voicemails may be left for clinical matters. Clients are billed the hourly



rate for any drive time over 30 minutes from the office location. The office is located at: 13 Lodato Avenue San Mateo, CA 94403

Cancellations

Treatment sessions require a 48-hour notice for cancellation. There is no charge for sudden illness, but ample notification should be provided in the event a child is ill. 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 for sessions not cancelled within 48 hours.

Confidentiality, Records and Release of Information

All written records and information disclosed during sessions is kept confidential. I will not share any information provided without your written permission and will request your permission when I believe I need to release or exchange information with anyone else. 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.

Evaluation Process

As part of evaluating your child, I will select evaluation tools and methods (direct observation, questionnaires, interviews with your child and other family members, play assessment, standardized tests or assessments) based on your referral questions. I will inform you of the nature and purpose of the assessment tools that I use. Following evaluation, I will meet with you to share the general results of the evaluation and my recommendations about your child's needs for further services. Please note that a written summary of the evaluation is billable at the hourly rate.

Treatment

A 90 minute intake session will precede any treatment. Intake sessions typically will include a clinical meeting with caregivers and an observation of you and your child in the home. 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.



If a school and/or community observation is requested as part of an evaluation, this observation will be scheduled prior to our intake appointment. Scheduling this observation prior to the intake appointment will usually give me an accurate observation of your child. I will work with you and the appropriate parties to determine the day, time, length and frequency of these observations. Observations are done in the least intrusive manner. A discussion about the results of the observation will not be shared with anyone on the date of the observation but rather will occur at a follow-up meeting or phone call.

During the treatment period, I will work together with you to develop goals and Service plan to best meet the needs of your child and your family. I may work together or meet separately with parents, caregivers, siblings and/or the child at any time during the course of treatment. Parents and/or caregivers will be active participants in all interventions as behavioral intervention typically is done as family unit.

Due to the nature of Behavioral and Social Consultation Services, services may take place in the family home, school or community and involve travel time. 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 the family, and myself time is available during the session for short discussion, questions or updates. If additional time is needed for lengthier discussion a separate session or phone consultation can be scheduled.

Please note that all written reports, materials developed for the purpose of treatment, attendance at meetings and collaboration with other providers is considered billable time at the hourly rate.

Clinic treatment includes meetings or other sessions where there is no clinical indication that the sessions must take place in the home or other environment. A one-hour session involves 50 minutes of direct service in the clinic, a short discussion and time to document the session. Additional questions or discussion will be set up at another time and will be billable at the full hourly rate.

Due to the nature of behavioral intervention and the importance of consistency and follow-through, situations may arise where I will be in the middle of implementing a strategy at the end of the session. Typically, I will stay on site to carry out the intervention to ensure consistency and follow-through; this time will be billed at the hourly rate. If I am going to be late to my next session, I will temporarily excuse myself to notify the next client.

Treatment will be terminated once we jointly decide that your child has made satisfactory progress with behavioral concerns. If you decide to terminate treatment, we will discuss the



decision to ensure an appropriate termination plan can be determined. Check-in and follow-up sessions will be available ongoing as needed.

Rates

<i>Service</i>	<i>Rate</i>	<i>Unit</i>
Intake Appointment	\$350	Each 1 1/2 hour occurrence
Regular Session	\$300	Per hour
Non-clinic session/observation/meeting	\$275	Per hour
Report writing	\$300	Per hour
Travel more than 30 minutes from the office location	\$300	Per hour

Payment

Payment can be made via check or cash on the date of service or paid via credit card on your confidential patient portal. Via the portal, you may also pay for services in advance. I do not accept any other form of third party payment. A billing statement/invoice will be mailed by the first of each month for the prior month's services. All outstanding payments are due by the 7th day of the following month. Late payments are subject to a \$100-dollar late fee. Checks should be made payable to: Donka Le-Dimitrova. Please note that a \$25 dollar returned check fee will be charged for all returned check

Insurance Reimbursement

If you plan to request reimbursement from your insurance, please check your coverage carefully and contact your plan administrator with question. I do 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. I will not phone insurance companies for authorization nor consult with insurance companies on single case agreements.



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.



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 Donka Le-Dimitrova, MA LMFT to provide assessment and/or treatment services to my child and/or family. Furthermore, I agree to the financial responsibility for all services rendered per the terms described above. Additionally, I agree to the terms of the Independent Contractor agreement outlined in this service agreement.

Client or Child's name

Client or Child's Date of Birth

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Signature

ALTERNATE MEANS OF COMMUNICATION CONSENT

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

I _____ authorize Donka Le-Dimitrova to **email or voicemail me** regarding appointment times and/or to exchange clinical information, as needed. By initialing this section, you are aware of and authorize me to send information that may inadvertently be read or listened to by unauthorized persons, groups, companies or government agencies that Donka Le-Dimitrova does not control or may not know. Please note: by not authorizing these methods of communication we are left with traditional US mail to communicate information.

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I _____ authorize Donka Le-Dimitrova to photograph or video my child for the purpose of creating materials that support our treatment, such as visual icons, etc. WOW clinicians will only utilize photographs or videos for the purpose of our benefiting your treatment and photographs and videos will be deleted after being utilized for the purpose discussed and intended.