

Kyra F. Riddell, MA
Licensed Marriage and Family Therapist, Lic. 98921

Treatment Agreement for a Minor

Dear Client and Parent/Legal Guardian,

The following information is meant to clearly communicate my policies and procedures. If you have any questions after reading the agreement, please bring them up in our first session or anytime you need clarification. Participation in therapy can result in many benefits to you. These may include a better understanding of your personal goals, values, thoughts, and feelings, as well as improve relationships, change behavior, and a resolution of the specific concerns that brought you here. Client's benefit most from consistent attendance and participation, however this requires effort on your part, which may at times involve emotional discomfort. Change occurs differently for each person, and is often slow and sometimes frustrating. There is, however, no guarantee that treatment will remove all emotional pain.

There are a variety of approaches that I use in my practice. My primary area of concentration is somatic therapy, which is a mind-body holistic model. This can include developing body-sensing, grounding, orienting, awareness of how emotions and thoughts affect the body and better regulating emotions. In addition, I offer therapeutic touch and have completed the foundational training in a modality called NeuroAffective Touch. Such practices are respectful and non-invasive, are only with the client's permission and co-operation, and are within legal and ethical guidelines. Please ask about the *Therapeutic Touch Consent Form* if you are interested in incorporating this service to your therapy. Overall, I combine the Somatic approach with traditional talk therapy, Mindfulness-Based approaches, Dialectical Behavioral Therapy, Gestalt, and Energy Psychology. Please read through the rest of the Treatment Agreements below and I welcome any questions you may have about the therapy process and my practice. Please feel free to discuss these with me.

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Privacy Policy

Your client record or PHI (Personal Health Information) is confidential. Client information can only be released by the person legally in charge and with written consent from all parties involved in treatment or in the treatment of a minor then with consent of the minor and parent(s) who have legal custody. Unless I have specific written permission, signed by you and myself I will tell no one what you say or that you are a client. I will presume I have your permission to call/contact you (at the telephone numbers you provided on the intake sheet) in those circumstances that may require this, unless you specifically request on your intake form that this is not acceptable.

There are several legal exceptions to confidentiality that you will want to understand:

- 1. I am required to report any suspected child abuse or elder abuse, either current or past, to the local protective services or law enforcement officials. Child (any person under the age of 18) / elder (any person over the age of 65) abuse is defined as willful cruelty or unjustifiable punishment, or endangering the life or health of the individual. This includes sexual molestation, the willful infliction of physical pain or injury, willfully causing or permitting unjustifiable mental suffering, and the willful failure to provide necessary food, clothing, shelter, and medical attention. If any therapist fails to report, they may be both civilly and criminally liable.*
- 2. If I believe that you actually intend to do physical harm to someone else, I must by law notify the police and the intended victim.*
- 3. If I believe that you truly intend to harm yourself, I will make every effort to ensure your safety, including notifying a parent, guardian, relative or other person close to you. If I am unable to notify anyone, I must (by law) notify the police*
- 4. If I receive a legal subpoena for information about you I need your written authorization to release information and/or an order from a judge. I will make reasonable efforts to notify you, in advance, to discuss this. Without an order from a judge your records will remain confidential unless you provide written authorization to release them. Any subpoena to appear in court and/or subpoena for records when a minor is my client must be accompanied by written permission of BOTH LEGAL PARENTS before I can testify in a court of law unless the consent is not given then I will assert psychotherapist-patient privilege.*

If a minor is my client, it is important that they feel safe with me in therapy. It is my standard practice that I provide general information to parents about the progress of treatment and the minor's attendance at scheduled sessions. However, it is at my discretion to not share information should it endanger the child's safety or threaten the therapeutic relationship. Any other release of information will require the minor's authorization should they be mature enough to do so, unless the minor is in danger or a danger to him or herself or someone else, in which case I would use my best clinical judgment to make a decision in notifying the parents.

****Note: I do not do custody evaluations or provide letters to the court. A written summary of treatment goals and a progress report may be provided upon request to the parent's, but I require the consent of all parents/guardians who have legal custody and the minor's consent if appropriate before I will release any information in writing and in some cases may not be able to release information at all.***

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Appointments and Fees

1. Sessions are generally 50 minutes in length. However I do offer 80 minute sessions as well. My standard fee is **\$130 for a 50-minute session and \$200 for an 80-minute session**; however, this may vary on an individual basis. Please provide payment at the beginning of session. I accept credit cards, cash, or checks payable to: **'Kyra Riddell'**. If you prefer, I also have an auto pay service that we can set up in session. Any returned fees are the responsibility of the client and will be applied to the bill due the following session. Payment arrangements may be made by request for any additional amount owed other than the standard session fee.
2. If you need to **cancel or reschedule a session**, please remember **I require no less than 24-hours notice**, otherwise **you will be charged the full fee for your missed session** (charged to you, not your insurance company). I keep a credit card on file in case of late cancellation or no shows that will be automatically charged. You can leave a message on my voicemail 24 hours a day, 7 days a week or text me. I prefer cancellations by phone or text and not e-mail as I may not receive it as quickly. In case of emergency, I may waive that charge.
3. If you are late, we will meet for the remainder of your scheduled session. If you are more than 20 minutes late and I have not heard from you, I will assume you aren't coming and may leave the office.
4. **Additional Charges:** Additional charges may be incurred for the following: written report at client request, summary or copy of records, or sessions which take place at someplace other than this office or special meetings. Time outside this office is usually charged door to door. **Telephone time** is limited to 15 minutes, beyond which, I will bill you by the minute based on my standard rate. Payment will be expected at the next regularly scheduled appointment or can be made through my client portal. Any additional charges will be discussed in advance. These charges are calculated on my standard fee of **\$130**, and in most cases are not covered by insurance.

Emergencies and Contacting Me

I have a voicemail system that can be accessed 24 hours a day, 7 days a week. I check my messages frequently during normal business hours, and I will return your call within 2 business days. On weekends and holidays, I will check messages once each day and return your call on the next business day. In case of an emergency, please call 911 or the nearest crisis response hotline. If you are in a crisis, a situation in which you feel you are in danger of being emotionally overwhelmed and you have tried all your coping skills and the situation cannot wait until your next appointment then please call me and if needed your local crisis hotline.

Texts and E-mails

I only use texts and e-mails to correspond over scheduling or business matters. I do not conduct therapy over text or e-mail as I cannot guarantee privacy or conduct therapy in this manner. If you feel you need more support than I would suggest an additional appointment.

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Vacations and Holidays

I will let you know in advance when I will be out of the office in person and in writing. I will change my voicemail to reflect the dates I will be gone and will check my messages upon return. If you have an emergency when I am gone please reach out to a support person, or you can contact your primary physician or psychiatrist, or call 911. Should you need a replacement therapist while I am away, please discuss this with me.

Terminations

Termination from therapy is an important process that can be of benefit to clients and therapists. This is an important opportunity to reflect on progress, or lack of, and the process of where you are now and where you hope to be going. I encourage my clients to partake with me in this process of finding out what was helpful and what could have been more helpful. It is your right to terminate therapy at any time. If you choose to terminate, I will be glad to provide referrals to qualified professionals. As your therapist, I have the right and duty to terminate therapy under the following circumstances: when I assess that treatment is no longer helpful or beneficial to you, if I determine that another professional would better serve your needs, if you have not paid for the last two sessions (unless a special arrangement has been made), or if you have failed to show up for your last two sessions without the required 24 hour notice of cancellation. In all cases I will be happy to provide you with the resources and referrals as necessary.

I agree to be responsible for paying the following fee per session:

\$ _____ per hour (initial here) _____

\$ _____ per 80 minute (initial here) _____

I have read, understand, and agree to the above:

Client Signature _____ **Date** _____

Parent/Guardian Signature

_____ **Date** _____

_____ **Date** _____

Therapist Signature _____ **Date** _____

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