

Terri Phillips Marriage and Family Therapist, INC

909-730-0410

Disclosure Statement

Terri Phillips, LMFT
32605 Temecula Parkway #208
Temecula, CA 92592
www.terriphillipsmft.com
terri@terriphillipsmft.com
909-730-0410

Education/Degrees

M.A. Masters of Arts in Counseling Psychology, La Jolla University 1992
B.A. Bachelor of Arts in Psychology, Trinity International University 1983

Registrations

Licensed Marriage and Family Therapist 1996
California License Number: LMFT33153
Member of CAMFT (California Association of Marriage and Family Therapists)
Affiliate of EEG Spectrum International (Neurofeedback Training Organization)

Department of Regulatory Agencies

The California State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy, their contact information is provided below. Concerns of complaints regarding the practice of psychotherapy may be directed to the State of California Department of Consumer Affairs, Board of Behavioral Sciences, 1625 Market Blvd Suite S-200 Sacramento CA 95834 (916) 547-7830.

Client Information & Rights

- You are entitled to receive information from Terri Phillips, LMFT regarding methods of therapy, the techniques used, duration (if known) and fee structure. You have the right to seek a second opinion or terminate therapy at any time.
- The information provided by the client during counseling is legally confidential with certain legal exceptions. Exceptions to the rule of

confidentiality will be identified to you should any such situation arise during therapy, if practical. Examples of such exceptions are when the client is an imminent danger to self or others, or when there is suspected child or elder abuse or neglect. Exceptions to the general rule of legal confidentiality are listed in the California Revised Statute.

- Sexual intimacy between a client and therapist is never appropriate and should be reported to the governing board immediately.

Consent for Treatment and Financial Agreement

I voluntarily consent to participate in mental health treatment and/or Neurofeedback treatment and or consultation services with Terri Phillips, LMFT. Please review the rates for the following services.

- Individual, Child/Adolescent, Family, Couples Treatment, Consultation by Phone: \$150 (50-minute session)
- Neurofeedback: \$80 (30 min session)
- Profession/Business Consultation: \$150 (50-minute session)
- Emergency or After-Hours Consultation: \$200 (50-minute session)

- Therapy Partner Corporation is the outsourced billing agency utilized by Terri Phillips, LMFT. Therapy Partner Corporation will manage all administrative and billing functions associated with the practice. This will allow the practice to continue to focus on service-oriented tasks aimed at ensuring quality care. Payment for your treatment will be electronically deducted from a designated debit/credit card account at the time of service. Visa, Mastercard and Discover cards will be accepted. Please see Electronic Payment Authorization Form.
- Terri Phillips, LMFT does NOT bill out to ANY insurance companies or work with them in any way. All payments are due at the time of services payable by cash, check or credit card.
- I understand that I am responsible for payment at the time services are rendered. I agree to give at least 24 hours' notice in the event I need to cancel an appointment. If I fail to give such notice or do not show up for an appointment, I understand that I will be charged for a full session.
- If a report, letter or consultation by an outside party is requested, I understand that I will be billed the usual hourly rate for the time needed to prepare the document, or to conduct an in person or phone consultation.

- Any bill not paid within thirty days will be assessed a service charge at the rate of 1.5% per month. Returned checks will be charged a \$25 service fee. In the event that billing efforts fail, delinquent accounts will be subject to Collections Recovery at the discretion of Terri Phillips, LMFT. Additionally, an attempt will be made by Terri Phillips, LMFT to develop a payment plan with clients who wish to seek this option for outstanding balance. By signing this agreement, you are agreeing to this procedure.
- If there is a life endangering emergency, please call 911 or go to the nearest emergency room. Urgent and after-hours phone messages will be picked up daily.
- Terri Phillips, LMFT is in an office space with other therapists with a common waiting room. Each therapist has their own practice separate from other therapists who share that common space. The therapists in the space do not share responsibility for each other's practice.

Signature Form

- 1. I understand and agree to the Disclosure Statement, Consent for Treatment and Financial Agreement.**
- 2. I have also been informed of my therapist's degrees, credentials and licenses.**
- 3. I have read the preceding information and have been informed and understand my rights as a client.**

X

Client Signature

X

Parent or Guardian signature if minor

X

Date

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Client Information Form

Date: _____

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____

Email: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medications: _____

Significant Health Problems: _____

What do you hope to gain in therapy and/or Neurofeedback:
