

**Stephanie E. Hernandez, LCSW  
Licensed Clinical Social Worker (LCSW75818)**

2550 Honolulu Ave, Suite 107  
Montrose, CA 91020  
Phone: (661) 331-5020  
Fax: (818) 957-6860  
stephanieh.lcsw@gmail.com

Introduction

Please read this document carefully. I will review it with you during our first session. It provides you with important information about our work together, and what to expect. You will be able to ask me questions about these items, as well as my training. Our first three sessions together are diagnostic and therapy can be ended by either of us during or at the end of that time frame.

Confidentiality

You have the right to confidentiality. All communication between us is private. There are four exceptions under California Law:

- If you would be a danger to yourself, others, property of others, or are unable to care for yourself.
- If there is suspected elder, dependent adult or child abuse/neglect.
- If I am ordered by a court to release information.
- If sessions are billed to insurance, some data such as your diagnosis, number of sessions and sometimes treatment goals/progress are required by that company.

Children and Confidentiality

Communication between myself and a client who is a child (under the age of 18) is confidential. Parents or guardians who provide authorization for their child's treatment are often involved in their treatment. You have the right to ask questions about your child's work with me, and I will exercise my own professional judgment about whether this discussion is in the best interests of your child's continued progress. You may discuss with me any questions or concerns you have regarding this policy.

Fees

Fees are due at the time of each appointment.

- The fee for individual therapy is \$100 per session hour
- The fee for couples therapy is \$120 per session hour.
- The fee for group therapy is \$30 per session.
- I accept some insurance with co-pay reimbursement for psychotherapy.

### Cancellation and Missed Appointments Policy

Should you need to cancel an appointment, it is necessary for you to give me at least 24 hours notice, so that I can offer your appointment time to someone else at your regularly scheduled time. Please note that if you do not give me 24 hours notice, you will be charged your regular fee for the missed appointment, or the insurance payment plus your co-payment. Insurance does not pay for missed appointments.

### Phone Calls

Occasional 5-10 minute calls can be necessary in the normal course of therapy. This would not be charged. If calls are frequent and/or over 10 minutes, this will be discussed, and charges would be prorated according to length of the call, not payable by insurance, and paid at the next visit.

### Contact Numbers and Emergencies

You can contact me or leave a message at any time on my voicemail, at (661) 331-5020. I will return your call within 48 hours, depending on circumstances. Please always include your phone number, as I may not have it with me. Also include whether the matter is urgent.

In an emergency and/or you cannot wait for a return call (if there is a sense of danger or threat to your safety or the safety of others), dial 911 to request assistance. There is also a 24-hour crisis hotline: (877) 727-4747 - toll free in L.A. County.

### Ending Therapy

You or your child may discontinue therapy at any time. It is important for you (or for your child) to plan ahead for this ending. I ask that you agree to try your very best to give at least 4 weeks notice to allow time for these important ending sessions.

### Services I do not Provide

In the event that you are or become involved in legal proceedings (child custody disputes, divorce, injuries, disability claims, lawsuits), it is agreed that I will not be asked to disclose therapy notes, write opinions or reports, or to appear in court. If I am court ordered to appear, my charge for these appearances as well as waiting time at court is \$300 per hour plus a \$50 per hour travel fee payable prior to the appearance, and paid by yourself. Insurance does not cover court appearances.

### Your Records

All records are kept confidential and locked. You have the right to review them, or a summary of them, unless I determine that releasing the records might be harmful in any way to you or your child.

Signature

Your signature indicates that you have read this document, agree to it, consent to the services described above, and understand its contents.

\_\_\_\_\_  
Name

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Date

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Consent to Treat a Child (if applicable)

I give permission to Stephanie Hernandez, LCSW, to provide psychotherapy services to my child:

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent/Guardian of Child

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Date

- \_\_\_\_\_ I am the only legal parent & guardian for my child
- \_\_\_\_\_ You will need to contact this additional parent/guardian for additional permission before services can legally start:

\_\_\_\_\_  
Other Parent's name

\_\_\_\_\_  
Phone Number