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License #: LPC-12962

**OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES**

*This form provides you (patient) with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis. (Revised 4/09)*

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to Ms. Steele that the client presents a danger to others.

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Ms. Steele. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Ms. Steele will use her clinical judgment when revealing such information. Ms. Steele will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where Ms. Steele becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

**Health Insurance & confidentiality of records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Ms. Steele, only the minimum necessary information will be communicated to the carrier. Ms. Steele has no control or knowledge over what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break in's and unauthorized access. Medical data has been also reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on Ms. Steele to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**Consultation:** Ms. Steele xxx consults regularly with other professionals regarding her clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

**E - Mails, Cell phones, Computers and Faxes:** It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, Ms. Steele's e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Ms. Steele's computer is equipped with a firewall, a virus protection and a password and she also backs up all confidential information from her computers into CDs on a regular basis. Please notify Ms. Steele if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell-phone or Faxes. **PLEASE DO NOT USE E-MAIL OR FAXES FOR EMERGENCIES.** If you communicate confidential or highly private information via e-mail, Ms. Steele will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail. Please, be aware that e-mails are part of the medical records and do not use e-mail for emergencies. Due to computer or network problems e-mails may not be deliverable, and Ms. Steele does not check her e-mails daily.

**Records and Your Right to Review Them:** Both the law and the standards of Ms. Steele's profession require that she keeps appropriate treatment records for at least seven years. If you have concerns regarding the treatment records please discuss them with Ms. Steele. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Ms. Steele assesses that releasing such information might be harmful in any way. In such a case Ms. Steele will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, Ms. Steele will release information to any agency/person you specify unless Ms. Steele assesses that releasing such information might be harmful in any way. When more than one client involved in treatment, such as in cases of couple and family therapy, Ms. Steele will release records only with the signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Ms. Steele between sessions, please leave a message at (520) 401-0935 and your call will be returned as soon as possible. Ms. Steele checks her messages a few times during the daytime only, unless she is out of town or if it is a holiday. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call the

emergency room at the nearest hospital or the Police: 911. You may call contact Southern Arizona Mental Health Corporation (SAMHC) crisis line 520-622-6000. Please do not use e-mail or Faxes for emergencies. Ms. Steele does not always check her e-mail daily.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Ms. Steele's fees are \$90 for individual, \$110 for couples, and \$130 for family per 50-minute therapy sessions. Clients are expected to pay the standard fee at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Ms. Steele if any problems arise during the course of therapy regarding your ability to make timely payments. If you become involved in legal proceedings that require Ms. Steele's participation, you will be expected to pay for Ms. Steele's professional time even if she is called to testify by another party. (Because of the difficulty of legal involvement, she will charge \$150 per hour for preparation and attendance at any legal proceeding). Ms. Steele reserves the right to raise her fees and all active clients will be provided 30-days written notice of an impending fee increase. You will be expected to pay, in full, for each session at the time it is held. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Ms. Steele has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information Ms. Steele will release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

**MEDIATION & ARBITRATION:** All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Ms. Steele and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Pima County, AZ in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Ms. Steele can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

**THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Ms. Steele will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Ms. Steele may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Ms. Steele is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, feminist, system/family, humanistic, psycho-educational, or Traditional Native American healing traditions. Ms. Steele provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, Ms. Steele will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Ms. Steele's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Ms. Steele does not provide, she has an ethical obligation to assist you in obtaining those treatments.

**Termination:** As set forth above, after the first couple of meetings, Ms. Steele will assess if she can be of benefit to you. Ms. Steele does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals who you can contact. If at any point during psychotherapy Ms. Steele assesses that she is not effective in helping you reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Ms. Steele will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Ms. Steele will assist you in finding someone qualified, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Ms. Steele will offer to provide you with names of other qualified professionals whose services you might prefer.

**PHONE OR EMAIL THERAPY:** Consulting with clients exclusively over the phone or via e-mail rather than in person in the therapist's office brings up additional complexities and potential disadvantages to the therapeutic process. Ms. Steele always recommends that the client/s first choice is to find a local therapist with whom the client/s can meet face to face. Treating clients exclusively via phone consultations or e-mails may put therapists at a disadvantage because they cannot detect nonverbal cues, may not be able to accurately diagnose, may not always be aware of the resources available locally and may not be able to intervene as effectively as necessary in emergency situations. So far there is no extensive or conclusive research on phone or online therapy. Acute crises and severe psychological disturbances, such as schizophrenia, bipolar or some types of personality disorders are probably not appropriately handled exclusively via phone or email consultation. As was noted in the Termination section,

above, if Ms. Steele assesses, at any point, that she is not effective in helping you reach the therapeutic goals via the telephone sessions, she is obligated to discuss it with you and, if appropriate, to terminate treatment.

**TOUCH IN THERAPY:** Ms. Steele may also incorporate non-sexual touch as part of psychotherapy. Sexual touch of clients by therapists is unethical and illegal. Ms. Steele will ask your permission before touching you, and you have the right to decline or refuse to be touched without fear or concern about reprisal. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with the therapist, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without needing to explain it, if you choose not to, and without fear of punishment.

**DUAL RELATIONSHIPS:** Not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Ms. Steele's objectivity, clinical judgment or can be exploitative in nature. Ms. Steele will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Tucson is a small community and many clients know each other and Ms. Steele from the community. Consequently you may bump into someone you know in the waiting room or into Ms. Steele out in the community. Ms. Steele will never acknowledge working with anyone without his/her written permission. Many clients choose Ms. Steele as their therapist because they knew her before they enter into therapy with her and/or are personally aware of her professional work and achievements. Nevertheless, Ms. Steele will discuss with you, her client/s, the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's responsibility to communicate to Ms. Steele if the dual or multiple relationship is uncomfortable for you in any way. Ms. Steele will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or the welfare of the client and of course you can do the same at any time.

**GROUP THERAPY:** In group therapy, it is of utmost important that all members maintain confidentiality and neither disclose the content of sessions nor the identity of fellow group members. It is highly recommended that any meaningful exchange outside the group also be discussed in the group. In group therapy, the other members of the group are not therapists. They are not regulated by the same ethics and laws that bind Ms. Steele. The limits of confidentiality and the reporting laws have been outlined earlier in this document. While the expectation is that all group members will maintain confidentiality, you cannot be certain that they will always keep what you say in the group confidential. You are ultimately responsible for what you say and what you think, feel, or do with the feedback you receive in the group.

**HOME OFFICE:** Ms. Steele's office is in her home and there may be certain unavoidable interruptions given this environment. You may see her family members and her pets although Ms. Steele will make reasonable steps to ensure your privacy and confidentiality. Please park in the street and do not use the driveway. There is no waiting room so if you arrive early, please wait in your vehicle until your scheduled appointment. If someone comes with you and waits outside during your appointment, they must wait in your vehicle and not in Ms. Steele's house or front yard. You may not stop by Ms. Steele's home office unannounced or without an appointment.

**THERAPY OUTSIDE THE OFFICE:** Some clients prefer to have a session outside the office at a different location or in nature. On these occasions it is necessary that you understand you may be seen by other people who may recognize you or Ms. Steele and it is possible that parts of your conversation could be overheard by others. It is also important that you are aware that when you are out in nature there are additional risks of accident or injury and that you assume full responsibility for your safety and wellbeing.

**MINORS IN THERAPY:** If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is Ms. Steele's policy to request a written agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, Ms. Steele will provide them only with general information about your work in therapy subject to your approval, or, if Ms. Steele feels it is important for them to know in order to make sure that you and people around you are safe. If Ms. Steele thinks it is appropriate, she will involve them if she feels that there is a high risk that you will seriously harm yourself or another/others. Before giving them any verbal or written information, she will discuss the matter with you, if possible. She will do the best she can to resolve any differences that you and Ms. Steele may have about what she is prepared to discuss.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

**I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, (total 3 pages)  
I understand them and agree to comply with them:**

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Client name (print)

Date

Signature

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Client name (print)

Date

Signature