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Disclosure of Information, Policies, and Informed Consent Agreement

Welcome to my practice. This document contains important information about my professional services, business policies, and how they may affect you. Please read it carefully and make note of any questions you may want to discuss with me. Once you sign this document, it becomes a binding agreement between us and provides your consent for us to begin therapy.

My Background, Qualifications, & Therapeutic Approach

I received my MSW in Social Work at the University of California, Berkeley, in 1994. I am a Licensed Clinical Social Worker (LCSW) with the California Board of Behavioral Sciences (BBS). I am a member of the National Association of Social Workers (NASW). I have training in Motivational Interviewing, Cognitive Behavioral Therapy, and Trauma-Informed Care.

My approach to therapy is empathic, intuitive, and holistic. I integrate a variety of therapeutic orientations including Cognitive Behavioral Therapy, Psychodynamic theory, Humanistic-Transpersonal, Internal Family Systems, Attachment Theory, and Mindfulness. I blend talk therapy with other techniques, including locating feelings within the body. Some modalities explore childhood or other past impacts on present relationships, others on present moment experience, others explore underlying beliefs, and others explore the greater meaning of experiences in your life. Mindfulness permeates the work I do and is a proven way to reduce stress, and to remain grounded and present to what arises. You may ask me about my orientation at any time and decline any modality I suggest.

We may use mindfulness-based techniques only when determined appropriate to your treatment. It's important you be aware that breathing practices, movement, and sitting in meditation postures may require physical effort and may cause physical injury. It is your responsibility to consult with a physician prior to and regarding participation in any movement program. You warrant that you are physically fit and have no medical condition(s) which would prevent your participation in breathing exercises, body movement, and/or meditation postures used during sessions or as homework. You assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of any movement used in therapy. You, your heirs or legal representatives forever release, waive, discharge, and covenant not to sue Michelle Cataldo (provider) or Elana Morgulis (employer) for any injury or death caused by their negligence or other acts.

Risks and benefits of therapy

Psychotherapy has both benefits and risks. It can help to open up stuck places within ourselves and create change within ourselves and our lives. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and

helplessness. You may experience changes in your relationships as a result of your own growth. Psychotherapy often requires discussing unpleasant aspects of your life and yoga also sometimes feels uncomfortable as the body is changing and growing. Sometimes things may feel worse before they get better. Most of these risks are to be expected when you make important changes in your life. However, psychotherapy has benefits. Research indicates it often leads to a significant reduction in feelings of distress, increased satisfaction in relationships, greater self awareness and insight, and increased skills for managing stress. In therapy, you have an opportunity to talk things out fully until your feelings are relieved or the problems are solved. Your personal goals and values may become clearer and more likely to be achieved. You may notice yourself thinking in a healthier manner, or relating differently to other people. However, there are no guarantees of what will happen.

Assessment

Typically, the first 1 to 4 sessions are an assessment period in which I may gather information about you and your life experience. If you are seeking reimbursement from insurance, I will need to assess for a diagnosis. At this time, and any time in therapy, if I find my skills are out of scope with your needs, ethical standards dictate I make treatment suggestions, referrals, and/or terminate therapy.

Fees and Payment

Initial _____

The fee for psychotherapy is \$150, and sessions last 50 minutes. Sessions typically occur once a week. Reducing frequency of treatment may occur after 2 months and upon mutual agreement that doing so is appropriate to your needs. Payment for each session is expected at the time of the service rendered, unless other arrangements have been made. Phone calls of a therapeutic nature will be charged a prorated fee. Please see the section on Contacting Me for details on phone contact. Accepted forms of payment include credit card and HSA/FSA card. I do not accept insurance, but can provide a superbill for you to send to your insurance company for reimbursement. I reserve the right to adjust the fee at any time, and will give you 30 days notice in any such event. If 2 sessions in a row haven't been paid for, I will schedule your next session upon payment of your balance.

Cancellations, No-shows, Late Arrivals

Initial _____

If you need to **cancel or reschedule** an appointment, **please notify me at least 24 hours in advance**. If you **cancel** or miss your appointment (no-show) with less than 24 hours notice, you will be responsible for the full session fee. If you request to **reschedule** your appointment with less than 24 hours notice, and we are not able to find a time to meet in the same week, you will be responsible for the full session fee.

In case you're running late, it's wise to notify me even if you're not sure you'll be late so that I do not deem your session a no-show. If I do not receive notification from you, I will wait for 15 minutes past your appointment time, and will end the session if you haven't arrived. If you do arrive after 15 minutes please contact me so I can determine if I can return to the session. In any

instance of lateness, we will proceed with your session ending 50 minutes from the originally scheduled time. In the rare case that I am running late, I will notify you with an estimated arrival time. If I am sick or in an emergency, I will do my best to notify you as soon as possible. You will not be charged if I cancel.

Substance Use

Initial _____

Please do not use recreational drugs or alcohol for 12 hours prior to session. It is against the ethical standards of my clinical license to meet with you while you are under the influence.

Vacation & Other Absences

Therapy is a weekly commitment. If you cancel 3 weeks in a row, I will open up your standing appointment to others. When you return, I will do my best to prioritize scheduling you back into your standing appointment time, but can't guarantee it will be available.

Periodically, I may take a vacation or attend a training/conference. I will inform you at least 2 weeks prior. I will provide you contact info for an alternate therapist available in my absence.

Confidentiality, Records, & Social Media

Initial _____

Information you disclose in sessions, including that of minors, is kept strictly confidential except when the following legal limitations apply: **1) Where there is reasonable suspicion of child, dependent adult, or elder abuse or neglect; 2) Where there is reasonable suspicion that you present a danger of violence to yourself or others unless protective measures are taken; 3) Pursuant to legal proceeding.**

According to the standards of my profession, I keep records of the services I provide you. These records include your dates and fees for sessions, therapy goals, and progress made. I do not disclose records to others without your written consent, or unless I am mandated to do so by court order. You may request to see, copy, or correct that record. If I believe that seeing records will be emotionally damaging to you, I may decline your request, provide you a summary, or review them with you.

As I work in a group practice, I receive regular consultation from Elana Morgulis, LMFT. In order to provide ethical service, I may discuss your case with her and/or in peer consultation. I will keep your identity strictly confidential and in accordance with professional standards.

Due to confidentiality and to maintain appropriate therapeutic boundaries, I do not engage in social media requests from clients.

Contacting Me

The preferred method for contacting me is by phone call. You may call my confidential voicemail line at 510/858-9628 and leave a message with the nature of your call as well as days/times that

I can reach you. I'll do my best to call you back within 24-48 hours. I do not usually return phone calls or emails on weekends unless they urgently pertain to your session scheduled on a Monday.

You may contact me by e-mail at michellecataldolcsw@gmail.com. **E-mail/text are reserved for scheduling/logistical issues.** Should you email me regarding therapeutic issues, I will respond with a request to speak directly and schedule a session. Phone calls of a therapeutic nature will be charged to you at a prorated fee. With that said, phone calls of a therapeutic nature are reserved for emergencies. If you are not in an emergency, but are seeking therapeutic support, please bring the issue to your next session or schedule an extra session. **Please be aware that email/text are not a secure form of correspondence and may not successfully be delivered.**

Emergency Procedure

In an emergency, call 911, go to the nearest emergency room, call the National Suicide Prevention Line at 1-800-273-8255, text HOME to 741741, or dial 988. As a private practitioner treating many clients, I don't provide crisis intervention between sessions. Alternatively, we may decide to schedule more frequent sessions and/or check-ins based on your needs.

Termination

Typically, therapy ends when you and I decide you've made satisfactory progress toward your treatment goals. Because therapy is a highly individualized process, I can't predict its duration. Should you wish at any time to consult with or transfer to another therapist, I'll invite us to discuss this and assist you in finding the right clinician. You have the right to terminate therapy at any time. I recommend 3 closing sessions to process termination issues. I may choose to terminate therapy earlier than predicted for one of the following reasons: inability to maintain a frequency of sessions recommended to support significant change, noncompliance with treatment or payment of fees, need for services out of my scope, minimal progress despite treatment, and/or reasons related to my personal needs.

Notice to clients: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of licensed clinical social workers. You may contact the board online at www.bbs.ca.gov, or by calling 916-574-7830.

Your signature below confirms you've read, understood, and agree to the above information; and you hereby consent to treatment. It'll be kept on file. You may keep a copy of this consent form.

Thank you, and I look forward to working with you.

Client Name: _____

Client Signature: _____

Date: _____

Provider Signature: _____ Date: _____

(Michelle Cataldo, LCSW [LCSW 19442])

Video Sessions (Telehealth) Addendum to Informed Consent 2023

Although research shows clients benefit just as greatly online, telehealth may or may not be as effective as in-person therapy for you. We will pay attention to your progress and periodically evaluate the effectiveness of this form of therapy. Online therapy is not a substitute for medication under the care of a psychiatrist or doctor. Teletherapy is not appropriate if you are experiencing a major crisis or having suicidal or homicidal thoughts.

The laws that protect the confidentiality of your personal information also apply to telehealth. There are exceptions to confidentiality listed in the above Informed Consent Agreement.

I follow the laws and regulations of the State of California (USA) and teletherapy treatment will be considered to take place in the state of California (USA). I do not conduct online therapy with clients whose permanent residence is located outside my license jurisdiction unless that jurisdiction legally allows me to.

Risks and Benefits

Risks include, but are not limited to, the transmission of your medical information being disrupted by technical failures, interrupted by unauthorized persons, and unauthorized access to transmitted and/or stored confidential information. Benefits include, but are not limited to, increased access to therapy, and a lower rate of missed sessions.

Protocols

We'll meet using my HIPAA-compliant Zoom account. **You'll need to send me a JPEG of your state driver's license or ID.** I'll email you the session link where you'll enter the waiting room until I start the session. Please ensure you have full connection to a secure wi-fi network. In case the video becomes choppy and disruptive, I'll call you by phone to finish the session. Each time we meet online, I need to ask for your address, and if you can speak confidentially.

Please reference the above section on Emergency Procedures if a life threatening crisis arises.

Your signature below confirms you understand and agree to the above information, and gives your consent to receive telehealth treatment.

Client Name: _____

Client Signature: _____ Date: _____

Address of regular teletherapy location: _____

Good Faith Estimate

For requested service: Psychotherapy sessions

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

The fee for a 50-minute psychotherapy session (in person or via telehealth) is \$150. Most clients will attend one session per week, but the frequency of visits appropriate in your case may be more or less than once per week, depending upon your needs. Based on a fee of \$150 per visit, the following are expected charges of psychotherapy services:

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service	\$150	\$300
13 Weeks of Service (Approx. 3 Months)	\$1950	\$3900

26 Weeks of Service (Approx. 6 months)	\$3900	\$7800
39 Weeks of Service (Approx. 9 months)	\$5850	\$11700
52 Weeks of Service (Approx. 12 Months)	\$7800	\$15600

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You are encouraged to speak with your provider any time about questions you may have.

Date of this estimate is the date of client's and provider's signature on the above informed consent document.