Tony Madril LCSW BCD

Invested In Your Well-Being!

PROVIDER INFORMATION & INFORMED CONSENT

Thank you for choosing me as a partner in your behavioral health pursuits! The following information is provided to you in written form as a reference to help clarify the rules of my practice. Should you have further questions, I will be happy to answer them.

Psychotherapist

I am a licensed professional and a licensed clinical social worker engaged in private practice. I provide behavioral health care services to clients directly and as an independent practitioner and as a provider for designated insurance companies.

Behavioral Health Services

While it may not be easy to seek help from a behavioral health professional, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your difficulties. Using my knowledge of human development and behavior, I will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur. You may bring in family members to a therapy session if you feel it would be helpful or if I recommend this.

Appointments & Cancellations

Appointments are scheduled on weekdays only. You may schedule an appointment by calling me at (323) 315-2598. **Please call to cancel or reschedule your appointment at least 24 hours in advance or you will be charged for the missed appointment.** Please note that, by law, your insurance company is not liable for payment of a late cancellation or a missed appointment. In these cases, you will be held financially responsible for the full session fee.

Tardiness to Sessions

Please note that I will not extend the therapy hour if you arrive late to your session. Doing so would disrupt my schedule and affect the time I have available to spend with other clients. Please note that you will be billed for the full hour whether or not you arrive at the time your session is scheduled to begin.

Number of Visits

The number of sessions needed depends on many factors. We can discuss this following the completion of your initial evaluation.

Length of Psychotherapy Sessions

Psychotherapy sessions are 50 minutes in length. If you arrive late, we will have less time in which to work and progress may be delayed. I will keep track of the session time and remind you when the session is about to end. Please be advised that there may be times when the session before yours is running late due to an unexpected crisis. In such cases, I ask that you be patient and considerate. I will make every effort to compensate you for any time taken from your therapy session.

Therapeutic Relationship

Your relationship with me is purely professional and therapeutic. In order to preserve this relationship, it is imperative that I not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you; however, I am not in a position to be your friend or to have a social, personal, or business relationship with you. Gifts, bartering, and trading services are not appropriate and should not be shared between you and me.

Payment for Services

My fee for psychotherapy services is $170.00 per 50-minute hour. This includes any time I may spend in field or otherwise working on your behalf. It is the office policy to require payment of fees at the time the services are rendered. Therefore, each office visit should be accompanied by a full payment. I accept cash, check, or credit card as payment for my services. Please note that if you choose to pay by credit card, you understand and agree that the initials "TM," along with my business address will appear on your monthly credit card statement. Moreover, if you pay by credit card and request an electronic receipt, you understand and agree that my e-mail address—tony@tonymadriltherapy.com--will appear in your e-mail box, along with your receipt.

Clients are responsible for billing their insurance company. I will complete the professional's portion of your PPO insurance form and, if needed, provide a statement for you to send with your insurance form.

Fee adjustments are based on substantiated need and made on a case-by-case basis. If we agree to a fee adjustment, you will be expected to sign an additional Fee Agreement form that will outline your adjusted cost for mental health services.

Although it is my goal to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event that law requires the disclosure of your records, you will be responsible for and shall pay any costs involved in producing the records and for the time involved in preparing for and giving testimony. Such payments, at my normal hourly rate, are to be made at the time or prior to the time I render these services.

Confidentiality

Without written consent, all discussions between psychotherapist and client, including minors, are strictly confidential. Possible exceptions to confidentiality include, but are not limited to, the following situations: suspected child abuse (including neglect and emotional abuse); suspected abuse of the elderly or disabled; suspected sexual exploitation/abuse; when the client communicates threat of serious harm to another or is suicidal; when a third-party communicates to the therapist that a client is threatening harm to another; when information is required by law or ordered by the court; filing of a complaint with a licensing board. If you have any questions regarding confidentiality, you should bring them to my attention so that we can discuss the matter further.

Correspondence

I consent for Tony Madril, LCSW, BCD to communicate with me by mail and/or telephone at the following addresses and telephone numbers, and I will advise him in the event of any changes to my contact information:

Address: Telephone Number:

Address: Telephone Number:

Risks of Therapy

"Therapy" is the Greek word for change, and is not without risk. You may learn things about yourself that you do not like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. This is one risk of therapy. As such, the success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy.

Telephone Messages, Call-Back Requests & E-Mail Correspondence

Telephone messages and callback requests are conducted via my voice mail system at (323) 315-2598. Calls received on Saturday after 2 p.m. and on Sundays will be returned the next business day. With all non-crisis-related calls, I will contact you within the same or next business day.

If telephone consultations extend beyond 10 minutes, I understand that I have two options: 1) I can both continue the call and have the rest of the consultation pro-rated at the hourly fee, or 2) I can schedule an additional session.

For other non-crisis-related communication, you may also contact me by e-mail @ tony@tonymadriltherapy.com. You can expect that I will return e-mail messages usually within 24 hours.

After-hours Emergencies

Please note that I am not on-call 24-hours a day. If you have a life-threatening emergency at any time, please call 911 immediately.

Therapist's Incapacity or Death

I acknowledge that, in the event of Tony Madril, LCSW, BCD becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this information and consent form, I give my consent to allowing another licensed mental health professional selected by Tony Madril, LCSW, BCD to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice.

Consent to Treatment

I, voluntarily, agree to receive behavioral health assessment, care, treatment, or services, and authorize Tony Madril, LCSW, BCD to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment, or services that I receive through Tony Madril, LCSW, BCD at any time.

By signing this Practice Information and Informed Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

_____ _____

Signature of client Date

_____ _____

Signature of legal guardian (if applicable) Date

Behavioral health provider & witness:

_____ _____

Tony Madril, LCSW, BCD Date:
Licensed Clinical Social Worker
Board Certified Diplomat #57141
California License # LCS20874