

Akiho Tanaka, PhD, LLC
Consent to Treatment Form
Psychologist-Client Service Agreement

Welcome and thank you for choosing services at Akiho Tanaka, PhD, LLC. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. In compliance with HIPAA, I am also providing you with a Notice of Privacy Practices which explains this in much greater detail. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Akiho Tanaka, Ph.D. has earned her doctoral degree in Clinical Psychology from Virginia Tech and she is a Licensed Psychologist in the state of Florida. She has a wide range of clinical experience in treating children, adolescents, adults, and the elderly. She currently works with adults for individual, couples, and group psychotherapy.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy

requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will typically be approximately 55 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you notify me by telephone at (407) 335-8211 at least 24 hours in advance. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the amount of your payment (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. Walk-in appointments are not available.

PROFESSIONAL FEES

The standard fee for the initial intake is \$150.00 and each subsequent 55-minute individual psychotherapy session is \$100.00. Couples psychotherapy is \$125.00/session (55-minute) and group psychotherapy is \$50.00/session. The following are the fees for longer sessions: 85-minute individual psychotherapy is \$145.00/session, 115-minute individual psychotherapy is \$200.00, and 85-minute couples psychotherapy is \$150.00. The fee for a Completion Process session is \$222.00. You are responsible for paying at the time of your session. Payment is accepted in the form of cash, check (addressed to Akiho Tanaka, PhD, LLC), major credit cards (Visa, Mastercard, Discover, American Express), as well as Health Savings Account (HSA)/Flexible Spending Account (FSA) cards. Any bounced checks are subject to an additional fee of up to \$25.00 to cover the

bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. Any electronic files will be password protected to maintain confidentiality. I keep brief records noting that you were here, your reasons for seeking therapy, therapeutic goals, progress made in treatment, your diagnosis (when applicable), topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. If you were involved in couples psychotherapy, both adults would have to sign the release.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled HIPAA Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME

You may call me at (407) 335-8211 or email me at dr.akihotanaka@gmail.com (remember that email and text messages may not be confidential forms of communication). I prefer using email just for scheduling or modifying appointments. Please do not email me content related to your therapy sessions, as email is not completely secure. If you need to discuss a clinical matter with me, please bring this up

at your next appointment. Also, I am not always immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible. I do not provide emergency services, if you are in need of emergency services, please call 911 or go to your nearest Emergency Room.

ONLINE PSYCHOLOGICAL SERVICES

I also provide online psychotherapy through doxy.me, a secure, HIPAA-compliant telehealth engagement platform to clients in Florida as well as internationally. Online therapy provides some advantages in terms of transportation costs, accessibility, and time management as well as limitations of confidentiality via technology (discussed in more detail below).

Payment will be accepted through Square after the end of each session. As with face-to-face sessions, you will be charged the full amount of your payment if you miss a session without canceling, or cancel with less than 24 hour notice.

I will make every effort to ensure online therapy is confidential, but transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. I ask that you carefully determine who has access to your computer and electronic information from your location. This would include family members, roommates, friends, co-workers, and supervisors. I encourage you to only communicate through a computer that you know is safe (i.e., confidentiality can be ensured). Be sure to fully exit all online counseling sessions and communications before moving away from the computer screen.

If we are unable to connect or are disconnected during a session due to a technological breakdown, I will attempt to reconnect or contact you within 10 minutes. If reconnection is not possible, I will email you to schedule a new session time. Should a disruption occur at a time of crisis, you agree to call me at (407)335-8211. If a life-threatening emergency should occur, you agree to contact a crisis hotline, call 911, or go to your nearest hospital Emergency Room.

Online therapy is not appropriate for everyone. Some examples of issues that are not appropriate for online therapy include: if you are having thoughts of harming yourself (e.g., suicidal thoughts) or harming others (e.g., violent thoughts toward others) or psychotic symptoms (e.g., delusions and hallucinations); if you are in an abusive or violent relationship; if you are experiencing severe depression; if you have an active

eating disorder; or if you have serious substance abuse/dependence. If I assess that face-to-face therapy is more appropriate, I will offer to schedule an in-person appointment or provide referrals.

SOCIAL MEDIA POLICY

I do not accept friend or contact requests from current or former clients on social networking sites (e.g., Facebook, LinkedIn). If I discover that I have accidentally established an online relationship with you, I will cancel that relationship. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Similarly, please do not message me on social networking sites to contact me. These sites are not secure and I may not read these messages in a timely manner. If you have questions about this, please bring them up when we meet to discuss.

I maintain a Facebook Business Page for my professional practice. You are welcome to view this page and read or share information (e.g., inspirational quotes, relevant articles, blog posts, videos) posted there, but I ask that you not leave comments to engage with me online if we have an already established client-therapist relationship. Engaging with me in this manner could compromise your confidentiality.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, disability, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and agree to the terms.

Client Signature

Date

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

I have been provided a copy of Dr. Tanaka's HIPAA Notice of Privacy Practices. I consent to accept these policies as a condition of receiving psychological services.

Client Signature

Date