

Disclosure Statement & Agreement For Services (Lyra Health clients)

Introduction: This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Confidentiality: All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or couples therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. *However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting marital/couples therapy.* This means that if you participate in marital/couples therapy, your therapist may use information obtained in an individual session or phone call that you may have had with her, when working with other members of your family. Please feel free to ask your therapist about her “no secrets” policy and how it may apply to you.

There are exceptions to confidentiality. For example, therapists are required to report suspected child, elder, or dependent adult abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others), in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Your therapist may share information about your assessment and treatment with other members of the clinical team at Lyra Clinical Associates P.C. and its affiliated partners in order to improve your experience and guarantee that your therapist is providing you with the most effective care possible. You may let your therapist know that you do not want your information shared in this way by contacting them in writing.

Billing and Payments: The fees for your sessions will be paid for by your sponsoring employer as long as you are eligible, subject to any limits under your benefit plan, and as long as sessions are considered clinically appropriate. Please note that certain professional services outside of the presenting problems, such as chart preparation requests, disability paperwork, and participation in legal proceedings, may be outside the services paid for by your sponsoring employer and may incur additional fees. Any additional fees will be discussed and agreed upon when they are requested. Fees for services may be subject to change in the future and your therapist will notify you of any changes.

Progress and Outcomes: To monitor your progress and inform your treatment, your therapist would like to collect regular outcomes data from you. You'll be asked to share your personal email address with your therapist so that he/she may work with Lyra Health to collect feedback on our sessions. Lyra will periodically send you an email on your therapist's behalf asking

questions about progress towards your goals. You are not required to provide this data in order to continue your sessions with your therapist.

Appointment Scheduling and Cancellation Policies: Sessions are typically scheduled to occur one time per week. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your appointment. *If you do not provide your therapist with at least 24 hours' notice in advance, you are responsible for payment for the missed session.*

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Bounced Check Policy: A \$35 bounced check fee will be charged for all checks returned by a financial institution. Repayment shall be required to be made by cash or by a bank cashier's check.

E-Mail and Text Communication: Please use email and text messages only for non-urgent matters, such as rescheduling appointments. Your therapist may use email to send you homework, videos, or articles to read in between sessions. If you decide to send questions or topics to discuss for the next session, he/she will try to review it before you meet again to inform your discussion. Receiving e-mails to your personal account may be unsecure.

Social Media: Due to the importance of your confidentiality, your therapist does not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). Your therapist believes that adding clients as friends or contacts on these sites can compromise your confidentiality and privacy. If you have questions about this, please feel free to bring them up during your session.

Therapist Availability/Emergencies: Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on her confidential voicemail. If you want your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. The Santa Clara County Suicide and Crisis Hotline (1-855-278-4204) is available 24 hours a day to offer resources and compassionate listening.

About the Therapy Process: It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will

also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Professional Consultation: Professional consultation is an important component of a healthy psychotherapy practice. As such, your therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, your therapist will not reveal any personally identifying information regarding you or your family members or caregivers.

Termination of Therapy: The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that you have about this information before you sign!

Client Signature

Date

Client Signature

Date