



94-1221 Ka Uka Blvd., Suite B202
Waipahu, HI 96797
Ofc (808) 389-9369
Fax (808) 671-0222

INFORMED CONSENT

1. My office creates two files for you at intake. The first is a hard copy file of any information that you bring to me. The second is an electronic file where I store my psychotherapy notes. For information about your access to this, please refer to the HIPAA handout for specific details.
2. Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family, marital and personal issues, goals and values; that may lead to a greater maturity and happiness as individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from specific concerns brought to therapy. In working towards these potential benefits however, therapy will require that consistent efforts are made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.
3. You have the right to know about the possible harmful results of therapy. In my years of psychotherapeutic service delivery and supervision, the only clear harm I have witnessed has resulted from clients' insistence on using medical insurance for psychotherapy. Harmful events included (but are not limited to): denial of insurability when applying for medical and disability insurance due to DSM-5 diagnosis (mental illness diagnosis, which are usually required for reimbursements under medical insurance); company (mis) control of information when claims are processed; loss of confidentiality due to the large number of persons handling claims; loss of employment, and repercussions of diagnosis in situations which require truthfulness about "mental illness," including driver's licenses applications, concealed weapon permits, and job applications.
4. You have the right to ask questions about any procedures used during therapy; if you desire, I will explain my approach and methods to you.
5. One of the most important rights during therapy involves **confidentiality**. Within limits of the HIPAA law, as well as the laws regarding child abuse or neglect, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.
6. If you request, any part of your record in my file can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful to you in any way. If I believe it could be harmful, I will advise against it.
7. You should also know that there are certain situations in which I am required by law to reveal



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information obtained during therapy to other persons or agencies without your permission. **I am not** required to inform you of my actions in this regard. These situations are as follows: a) if you threaten grave or bodily harm or death to another person, I am required by law to disclose this information to the appropriate authority; b) if a court of law issues a legitimate Court Order (signed by a Judge), I am required by law to provide the information specifically described in that order; c) if you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; d) if you are in therapy by order of a Court of Law, the results of the treatment ordered must be revealed to the Court at its discretion; and e) if you are seeking payment through an insurance company, I will be required to reveal confidential information to them to obtain payment on your behalf. Each insurer is different.

8. You have the right to decide not to receive therapeutic services from me, unless you are Court Ordered to do so. If you desire, I will provide you with at least three names of other qualified professionals whose services you might prefer.

9. You have the right to end therapy at any time (unless you are Court Ordered) without any moral, legal, or financial obligations other than those already accrued. I ask that you notify me in writing if you opt out of therapy.

10. If I see a minor child under the age of 18, custodial parents/guardians may ask about information shared in the session, though exercising this right may be detrimental to the therapeutic process. Parents are requested to allow confidentiality between the child and the Therapist, to allow for rapport and trust between the child & Therapist, except with issues regarding the minor's safety.

11. In cases where I am seeing the child/children of a non-intact family, if it is appropriate, I will ask parents to rotate bringing the child/children in for session. I generally conduct a check-in with the parent who is present, prior to and/or after the session with the child/children. Parents who are not present may email me with any questions or concerns, unless otherwise specified. However, there are cases where I may deem it inappropriate or detrimental to do so. In these cases, and if appropriate, I will ask that the parent(s) schedule his/her own follow-up session. In situations where there is inappropriate behavior by a parent in the session or in the waiting room, I may ask the parent to leave the office, and will determine whether or not returning to the office at that time or a later time is appropriate or beneficial for the child.

12. Additionally, when two or more people, a couple, or any other system presents for conjoint therapy, (whether they are seen separately or together at various times in the therapeutic process), the Therapist views the entire presenting system as the client. This includes co-parenting therapy as the intent of co-parenting therapy is to work towards cooperatively parenting a shared child or children. Co-parenting therapy is not considered individual therapy, even if you meet separately. Releases of information for all types of systemic sessions require the written approval of every consenting member who was present at any time during the treatment.



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13. Please note that the quickest way to get ahold of me is by text or e-mail. Voice messages will be returned at my earliest convenience, which is generally at the end of the week. It is recommended that you contact my Office Personnel at 808-375-7712 for scheduling or all other immediate questions.

14. You are required to keep my office informed of any changes to your insurance. Having insurance does not necessitate payment and you will be financially responsible for any balances that your insurance does not cover.

15. For after hour emergencies, please go to your nearest emergency room, contact the Crisis Hotline at (808) 832-3100 or call 911.

16. If you miss two sessions in a row or consistently cancel scheduled sessions, I will not be obligated to schedule future appointments and will give you referrals to other qualified professionals if requested.

17. I do not automatically engage in participating in Court hearings or proceedings. There are special circumstances under which this may be discussed.

FEES for Therapy Sessions

1. Session times are normally 50-minute hours, with the exception of the initial evaluation, which lasts approximately one hour. Your insurance is billed at 30, 45 and 60-minute increments.

2. If you are running late for your appointment, please text or phone me or my office staff. Your appointment spot will be held for a period of 15 minutes. After that period, I reserve the right to cancel the spot and charge you for a missed session.

3. Accepted forms of payment include: Cash, Check or Charge. For any returned checks, a fee of \$30.00 will be assessed.

4. If you are using insurance to pay for your session, you may be responsible for a copay and/or tax. You are responsible for cooperating with your insurance company to support prompt payment if insurance is being used. My Office Staff will inform you of the amount for each session, or you may contact your insurance carrier for that information. Copays vary according to plan. Unless otherwise specified, the guarantor of the insurance is the person who will be billed for any copay charges. If you are NOT using insurance to pay for your session, my standard rates will apply. For specific fees, please speak to my Office Staff. If a therapy participant, who is not the insurance guarantor, requests a letter, written response, or any kind of documentation, if this request is appropriate, the requestor will assume any charges for said request. The guarantor will not be charged something that is not previously discussed.



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5. Payment is due at each session, and you may opt to have a credit card on file with the office. In the instance of cash pay for services, a credit card must be kept on file. Please complete the Credit Card Authorization Form for this service.
6. If you are paying out-of-pocket, rates are \$200/hr. (initial evaluation), \$150/hr. (couples or family session) and \$125/hr (individual session). Hawai'i State Tax of 4.712% will also be added to all charges.
7. You understand that the Therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing those measures, the Therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

NOTICE REGARDING ADDITIONAL FEES NOT COVERED by INSURANCE

1. Missed appointments and insufficient notice to cancel (less than 2 hours of advance notice, unless otherwise clarified): \$60 + 4.712% tax for reserving the appointment slot for you. There are at least 8 ways to contact my office to cancel sessions (phone me or my office staff, text me or my office staff, email me or my office staff, fax my office, stop by in-person). Business cards with all the information are located on the wall in the waiting room. Payment for missed sessions is required prior to scheduling a subsequent session.
2. Written Reports/Letters/Forms/Responses to Emails or other forms of communication: All pro-rated at \$125/hr. + 4.712% tax.
3. After Hour Phone Calls or consultative phone calls with the client, or other professionals including other Providers, Attorneys, or designated parties: Pro-rated at \$125/hr. + 4.712% tax
4. Any phone calls consisting of more than one person, any meetings or conferences, or any teleconferences or web conference calls (including VSee or other formats used): \$150/hr. + 4.712 tax.
5. Court hearings/trials that I am subpoenaed for and/or requested to attend (and that I agree to participate in), will be charged at the amount of \$300/hr. + 4.712% tax. This includes testifying or appearing by phone if so arranged. A minimum of four hours will be charged, whether or not I am needed for the entire four hours, as attendance will require that I shut down my practice for that period of time. Time beyond four hours will also be assessed if applicable. Additionally, I will charge you for any Court preparation that I deem necessary, at the rate of \$200/hr. One-half of the payment for any anticipated charges will be required up-front and the second half will be charged to you post the hearing/trial.

SPECIFIC CONSENT for ELECTRONIC COMMUNICATION

I authorize Rhesa R. Kaulia, MFT and/or any representatives of Grace Works, LLC to communicate



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with me through the following electronic modalities: (Please initial each one that you consent to):

a) Text messaging _____ b) Email communications _____ c) Web Conferencing
_____. I understand that security and confidentiality are not guaranteed through such
modalities and still agree to its use _____(initial).

By signing, I acknowledgment my understanding and acceptance of all of the terms stated above:

Client: _____ (Print)

_____ (Signature)
_____ (Date)

Therapist: _____ (Print)

_____ (Signature)
_____ (Date)