



ANTHONY RAMYNKE
— M.S., LMFT —

CONSENT FOR TREATMENT AND OFFICE POLICY

This consent is to certify that you, the client, give permission to Anthony (Tony) Ramynke, M.S., LMFT to provide psychotherapy treatment to you. As the client, you have the right to terminate the psychotherapeutic services at any time.

Anthony Ramynke, M.S., LMFT is a licensed Marriage and Family Therapist, licensed through the Board of Behavioral Sciences in California. Licensed number LMFT47805.

TREATMENT MODALITY: I use an integrative mix of theoretical modalities in my psychotherapy services. My style tends to be very relational, focusing on the interpersonal relationship (therapeutic relationship) with you the client. As a result, I will tend to utilize Person-Centered Therapy skills to guide the process while also using the skills and conceptualizations of Psychodynamic Theory, Family Systems Theory and Attachment Theory to deepen the awareness of how early and significant relational experiences have shaped and influenced your intrapsychic and interpersonal relational styles and dynamics. Also, of great benefit and potential use is Cognitive-Behavioral Therapy. Other theoretical modalities may be used at the therapist's discretion.

APPOINTMENTS: Sessions are generally 50 minutes in length and begin at the scheduled appointment time. If you arrive late, your session will be cut short accordingly, and if your therapist is running late then the session will be extended to insure you receive your full session time. If you need to cancel your session, please provide 24-hour notice. If you do not cancel your appointment with the required 24-hour notice, you will be charged the full session fee. Sessions are generally weekly unless otherwise scheduled. To cancel your session please call the number you have been provided and leave a voice message.

FEES AND BILLING: All services are billed at the standard rate of \$180.00. Sliding-scale fees may be established on the basis of ability to pay, which is up to the discretion of the therapist. Client payment is due at time of service and acceptable forms of payment are; cash, check, credit card or money order. Payments must be made out to Anthony Ramynke. Therapist does not accept insurance and I am not on any insurance panels. I can however provide you with a "superbill" which can be submitted for possible reimbursement. It is your responsibility to check with your insurance carrier to determine if and how much you may be reimbursed for and you are responsible for submitting all paperwork to your insurance provider. All services provided are billed directly to the client unless other arrangements have been made. Please be aware that it is very possible that if you are submitting a superbill to your insurance carrier it is quite possible that your insurance carrier will not reimburse



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either partially or fully because of diagnosis or service time code or any other potential factor.

Therapy Services – Risks and Benefits: The role of a Marriage and Family therapist is to assist clients with issues primarily affecting relationships, which include but are not limited to; addictions, depression, anxiety, grief, life changes and adjustments and other challenges. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, I encourage you to discuss this with me during your sessions so that we can collaborate together as you move forward.

Termination of Therapy: You may terminate therapy at any point. When our work comes to a close, I only ask that you schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that I have an open-door policy and welcome the possibility of working together again. However, it will be at your therapist's clinical discretion and also dependent upon my availability. Typically, I have a waitlist of 8-12 weeks. If I am not able to see you immediately, I will be happy to add you to my waiting list, or we I will be happy to provide you with 3 referrals to another therapist(s) or clinic(s).

Length of Therapy: Therapy is a process that is unique to each client and the challenges they are presenting with. Some presenting issues can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. A guideline to remember is if you attend forty 50-minute therapy sessions that is less than one average work week. If you have questions regarding the length of treatment, please feel free to discuss this with me at the start and/or at any point during therapy.

Dual Therapy: It is unethical for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, I do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this to me immediately so that we can discuss next steps. If



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your therapist has referred you to me for specialized treatment (i.e. sex addiction recovery for example), I will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process.

CONTACTING YOUR THERAPIST: If you need to contact me outside of session, please leave a voice message on the phone number, 714-809-3330. You may also reach me by email at Anthony.ramynke@hushmail.com. Please note, that I may not get your message until regular business hours and may not be able to return your call or email for 24 hours. Also, if you leave me a message on Friday after 5pm or on the weekend I will not be able to return your message until the following Monday. Phone calls outside of session are not to be used as psychotherapy and if calls of a clinical nature are frequently being made, your therapist may talk to you and recommend either increased sessions or a higher level of care. If you have a life-threatening emergency, dial 911. If calls require more than ten minutes of your therapist's time, then you will be billed for a full session.

Consultation: There may be occasions where your I may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used, and I will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to me. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after your therapist determines if this is in the best interest of supporting your therapeutic process and progress.

Confidential Electronic Data Storage and Email Transmission: Your confidentiality as a client is of utmost importance. To support and secure your clinical information, Anthony Ramynke, M.S., LMFT has set up a system as part of my therapeutic services in order to securely store and protect your information in a confidential and protected capacity. Thus, Anthony Ramynke, M.S., LMFT will be utilizing Google Inc. and the following applications: Gmail, to electronically save and store client information and data and to confidentially communicate with clients in various capacities via the Internet. Gmail, Google Calendar, Google Drive and Google Apps vaults and all client protected health information are covered under the Health Insurance and Portability Act of 1996 and in particular 45 C.F.R, Part 164, Subpart C under HIPPA. Additionally, I communicate electronically through Hushmail.com, a HIPAA compliant email service.



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CONFIDENTIALITY: Under most conditions, what is discussed between you and I is confidential. However, there are certain conditions in which I can or am legally required to disclose your confidential information to a third party. I am a mandated reporter, so I am legally required to report the following:

When there is a reasonable suspicion of child abuse, dependent-adult or elder abuse.
When a client threatens violence to an identifiable person.

Your therapist is also allowed to release your confidential information when:

When a client has provided a written authorization to release information to a third party.

When a client presents a danger to him or herself and protective measures are needed.

When a client presents a danger of violence to others.

As of January 1, 2015, the Child Abuse and Neglect Reporting Act has been updated in the State of California. As such, please note that Marriage and Family Therapists, Marriage and Family Therapists (Interns and Trainees), Psychologists, Psychological Assistants, Licensed Clinical Social Workers and Associate Clinical Social Workers in the state of California are now mandated reports of information disclosed regarding clients who knowingly download, stream, or access through any electronic or digital media, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct.

This includes any child pornography, child sexual abuse, child sexual exploitation, or any other visual depiction of sexually explicit conduct involving a minor. A child or minor includes all persons under the age of 18 years of age.

If you have been or are currently viewing or exchanging internet child pornography, or any other form of child pornography please be advised that should you disclose this to your therapist, through any means, (in person discussion, skype, email, phone, text, testing, forms), or any other form of communication in or out of session please be aware that the therapist will be legally mandated to report this information which will include your name, phone number and other identifying information to the appropriate authorities.

Additionally, if you disclose to your therapist through any form of communication, in or out of session, that your spouse, partner, family member or friend has viewed or downloaded child pornography, or acted out sexually with a minor (any person under the age of 18), please understand that due to changes in California State Law, as



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outlined above, Marriage and Family Therapists, Marriage and Family Therapists (Interns and Trainees), Psychologists, Psychological Assistants, Licensed Clinical Social Workers and Associate Clinical Social Workers are mandated reporters and must report this information to the appropriate authorities.

CONSUMER NOTIFICATION: Notice to Clients: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the practice of marriage and family therapy. You may contact the board online at www.bbs.ca.gov, or by calling (916)574-7830.

By signing this document, you are acknowledging that you have read this document and agree to abide by the conditions set forth in this document. Additionally, you are acknowledging that Anthony Ramynke, M.S, LMFT, has provided you with a Notice of Privacy Policy and disclosed to you prior to the beginning of your treatment your session fees.

Client Name (Print):

Client Signature:

Date:

Name of Parent/Guardian if Client is a Minor (Print)

Signature of Parent/Guardian if the Client is a Minor