

# ***Reach Your Goal Now with Dr. Cío Hernández***

**Rocio Hernandez, MFT•Hernandez Family Counseling DBA Reach Your Goal Now  
Private Practice and Consultation Services, Doctorate in Health Care Leadership, CA Lic.#  
MFC38444, LPC419, HI MFT 537  
[cio@reachyourgoalnow.com](mailto:cio@reachyourgoalnow.com) (510) 291-4603 (833) GOAL NOW**

## ***Informed Consent Form***

Thank you for choosing our office for your psychological evaluation and/or psychotherapy. An evaluation is not the same as on-going psychotherapy. A psychological evaluation may be done before counseling to assess problems, goals, appropriate interventions, and referrals. It may also be used for specific legal purposes for example if you have an immigration, family, civil, or criminal case. Psychotherapy or counseling consists of face to face meetings between the counselors and individual or family members, which will begin by focusing on the presenting problems and exploring the family or individual situation, including history of individuals and coping strategies used in the past. After a period of assessment, the counselor and individual or family may choose to continue with treatment. If so, an agreed upon a treatment plan, including treatment goals, discussion of frequency of meetings, and where it is possible to estimate, the length of time treatment will last will be developed. The treatment will include exploration of alternative ways to deal with the problems discussed and their consequences.

It is our expectation that you will benefit from counseling, but there is no guarantee. Outpatient counseling does not hold significant risk, but the process of improving a situation may include periods during which things get somewhat worse temporarily. While my goal is to preserve and enhance family life, I cannot promise that marital relationships will be preserved. Alternatives to counseling which some find helpful include self-help groups, classes and reading. These are resources which the counselor sometimes uses as adjuncts to treatment. You may re-evaluate and raise questions about the work at any time.

I provide evaluations, counseling, and psychotherapy to people of all ages who are experiencing difficulty, including individual, couple, parent-child, family and work-related problems. People may be seen individually or as part of a couple, family, or group, and referred to outside sources as needed. Most evaluations are conducted in one day, either in person or by video conference at <https://doxy.me/drcio>. Please download the site or app to your device before the first session so we may use our time to focus on you rather than technology.

### **Your Rights and Responsibilities as a Client:**

1. You may accept, refuse, or stop counseling at any time. If you choose to stop, I encourage you to discuss this with me. Once you tell me that you are ending services, you will not incur financial obligations other than those already incurred. I may need to discontinue counseling if you are unwilling to participate in a treatment plan which in my judgment is essential to a successful therapeutic experience. Examples are recommendations for



additional alcohol and drug treatment, medical examinations, evaluations for psychoactive drugs, or taking appropriate steps to insure safety in domestic violence situations.

2. Consent of all parents or guardians with legal custody is required for treatment of minors (under 18). Exceptions are made for those minors who are legally emancipated, or who meet criteria for minor consent.
3. If parents or other authorized adults who pick up children after counseling sessions are, in my judgment, possibly unable to safely transport the child due to intoxication or other impairment, I reserve the right not to release the child at that point and will arrange for alternate transportation. If you are a parent or guardian, your signing this document indicates your willingness to follow this procedure should the occasion ever arise.
4. You have the right to express complaints or grievances regarding the nature or denial of service.
5. You may not attend sessions intoxicated or high from any illicit drug. If you show up to the appointment under these circumstances, I may refuse to see you for the session and a new appointment will be rescheduled.

### **Confidentiality:**

**Information communicated to the counselor is confidential unless you give written consent for it to be shared. However, if the communication contains information about possible abuse or neglect or serious threats of harm to children, older adults, or dependent adults, I am required by law to report it to the local authorities.** I will take whatever action I find necessary to protect clients threatening suicide. **It is mandated by law to report to authorities and identifiable victims a client's intention to do severe harm to another person.** If it is appropriate and safe, I may tell you in advance when such a disclosure will be made. Minors do not have the same legal rights to confidentiality as adults, and in some circumstances their communications may be shared with parents or guardians; however, it is my practice to keep such sharing to a minimum and to respect a minor's need for privacy as well as the privacy of adult members of the family.

I will not seek information about you from outside sources unless I have specific reasons for needing the information and unless I have obtained your written consent to do so. If you are consenting to a psychological evaluation, you will be asked to sign a release of information to share your report with your attorney and to consult regarding the requirements for your specific type of evaluation.

**You have the right to refuse to give consent.** Any information I obtain from an outside source will be considered confidential, limited to use within the counseling experience, and will not be shared with anyone outside the office. If you have given me permission to obtain information from an outside source and you wish this material to be sent to another professional, I will ask that you ask the original source to provide the information directly to the new party.

I am required to keep brief written records regarding the services you receive. These records are the property of the office and are kept in locked cabinets. You do have the right to know what information concerning you is in those records. Please make such requests in writing and we will determine the best mode of sharing the information, if safe to do so.



If you are seeking reimbursement from an insurance company for your counseling, the insurance company's claim form will usually require a diagnostic statement from your counselor. This statement cannot be released without your written consent. Psychological evaluations are not usually reimbursable by insurance companies, but you should check with them if you believe otherwise.

In order to provide high quality service, to maintain professional standards, and for the purpose of treatment planning, I may discuss client information in consultation meetings, and in collaboration with other office staff involved in counseling other members of your family. Such information sharing is done only within the office on a very limited and protected basis in order to ensure that you receive the best counseling possible.

Use of electronic communication may be a risk to your privacy. I have taken precautions to protect your privacy, but it cannot be guaranteed that texts, emails, telehealth meetings through Doxy.me, Zoom, or other electronic communications will be protected from those who have ill intent. Initial if you consent to text \_\_\_\_\_, email\_\_\_\_\_, video conferencing\_\_\_\_\_.

### **Charges for Services:**

The fee for each counseling session is \$\_\_\_\_\_ per fifty-minute hour or as negotiated at \_\_\_\_\_ for \_\_\_\_\_. This amount is subject to change with reasonable notice. I require a deposit of 50% for psychological evaluations to hold your appointment time. In order to serve families who cannot afford to pay the full fee, I offer a sliding scale and payment plans. I also am happy to work with your sponsoring organization if they have agreed to pay for your evaluation in full. I do not take insurance; however, I will provide superbills for you to submit to them for reimbursement. If the office is unable to serve a client at any particular time, I will help you locate the services you need elsewhere in the community or make known to the community the need for such a service, should it not be available.

### **Appointment Scheduling and Cancellations:**

The office will arrange an appointment with you directly. Psychological evaluations vary in length between two hours for hardship evaluations and four or more hours for complete evaluations when someone is applying for themselves for example U-Visas, Asylum, or T-Visas. Psychotherapy clients are usually seen weekly for fifty-minute appointments, yet typically the first session is an hour and a half. There will be no charge for appointments cancelled at least 24 hours in advance, but you will be charged your regular fee portion for late cancellations and failed appointments. Messages may be left any time during the day or night at 510 291-4603.

**NOTICE TO CLIENTS** The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.



PLEASE SIGN BELOW, INDICATING THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE. -----Indicate if informed consent occurred electronically

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Address:

---

---

Phone number:

---

Email:

---

Original

Client Copy

