

# Gonsalves, Inc

## **Disclosure Statement**

Liliana Vargas, MFT  
32605 Temecula Parkway #206  
Temecula, Ca 92592  
Phone: 951 847-0236  
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### **Education/Degrees**

Second year, Pupil Personnel Services Credential in School Psychology: California State University, San Bernardino: present

M.S. Masters of Science Clinical Counseling/Psychology: California State University, San Bernardino: 2006

B.A. Bachelor of Arts Psychology and Human Development: California State University, San Bernardino: 2004

### **Registrations**

Marriage and Family Therapist  
California License Number: MFT53583

### **Department of Regulatory Agencies**

The California State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy, their contact information is provided below. Concerns or complaints regarding the practice of psychotherapy may be directed to the State of California Department of Consumer Affairs, Board of Behavioral Science, 1625 North Market Blvd. Suite S-200, Sacramento, Ca 95834; (916) 574-7830.

### **Client Information & Rights**

- You are ENTITLED to receive information from Gonsalves, Inc. regarding methods of therapy, the techniques used, duration (if known) and fee structure. You have the right to seek a second opinion or terminate therapy at any time.
- The information provided by the client during counseling is legally confidential except for certain legal exceptions. Exceptions to the rule of confidentiality will be identified to you should any such situation arise during therapy, if practical. Examples of such exceptions are when the client is an imminent danger to self or others, or when there is suspected child abuse or neglect. Exceptions to the general rule of legal confidentiality are listed in the California Revised Statute.
- Sexual intimacy between a client and therapist is never appropriate and should be reported to the governing board immediately.

## Consent for Treatment and Financial Agreement

I voluntarily consent to participate in mental health and/or consultation services with Gonsalves, Inc. Please review the rates for the following services:

- Individual, Child/Adolescent, Family, Couples Treatment, Consultation by Phone: \$110 (50 Minute Hour)
- Emergency or After Hours Consultation: \$120.00 (50 Minute Hour)
- Professional/Business Consultation: \$130.00 (50 Minute Hour)

**\*If you are currently receiving a rate reduction, which has been previously arranged please enter this hourly rate here: \_\_\_\_\_. This corresponds to a \_\_\_\_\_ % discount.**

- Therapy Partner Corporation is outsourced billing agency utilized by Gonsalves, Inc. Therapy Partner Corporation will manage all administrative and billing functions associated with the practice. This will allow the practice to continue to focus on service oriented tasks aimed at ensuring quality care. Payment for your treatment will be electronically deducted from a designated checking/savings, or debit/credit card account at the time of service. Visa and MC cards will be accepted. Please see Electronic Payment Authorization Form.
- Please note, Liliana Vargas is in network with IEHP only. All other insurances are considered out of network. A superbill will be provided for client to submit to their insurance.
- I understand that I am responsible for payment at the time services are rendered. I agree to give at least 24 hours notice in the event I need to cancel an appointment. If I fail to give such notice, **I understand that I will be charged a full session late cancellation fee. I understand that if I fail to call and do not show up for an appointment I will also be charged the full fee for that session.**
- I understand that my insurance company will not be billed for cancelled or missed appointments.
- If a report, letter or consultation by an outside party is requested, I understand that I will be billed the usual hourly rate for the time needed to prepare the document, or to conduct an in person or phone consultation.
- Any bill not paid within thirty days will be assessed a service charge at the rate of 1.5% per month. Returned checks will be charged a \$25.00 service fee. In the event that billing efforts fail, delinquent accounts will be subject to Collections Recovery at the discretion of Gonsalves, Inc. Additionally, an attempt will be made by Susie Gonsalves, LCSW to develop a payment plan with clientele who wish to seek this option for outstanding balances. By signing this agreement you are agreeing to this procedure.

If there is a life endangering emergency, please call 911/ go to the nearest emergency room. Urgent and after hour phone calls will be picked up daily. This number is listed on the answering machine. Other clinician contacts will be given in the event that I am not available.

Susie Gonsalves, LCSW, the owner of *Gonsalves, Inc.*, is currently renting office space to other treatment providers. You should be aware that other than renting office space, there is no other relationship between Susie Gonsalves, LCSW/ Gonsalves, Inc. and the other treatment providers other than this stated contractor and Terri Phillips, MFT. The remainder providers are all in their own separate practices; they do not supervise one another; they are not in a partnership; and they have no responsibility for each other's practice.

### **Signature Form**

- 1. I understand and agree to the Disclosure Statement, Consent for Treatment and Financial Agreement.**
- 2. I have also been informed of my therapist's degrees, credentials and licenses. I have read the preceding information and have been informed and understand my rights as a client.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent or Guardian if client is a minor)**