

Modality

Welcome! The legal name of this therapy business is Astral Family Therapy Inc. and it is known publicly as Quantum Conscious Healing. Jzeela Gheisar is the only practitioner at this time. She has a Masters Degree in Counseling Psychology, is licensed in the state of CA in Marriage Family Therapy (CA LMFT #98994) and is also a Certified Hypnotherapist. This clinician is trained in traditional psychological modalities, transpersonal modalities, and also offers psycho-spiritual services with the intention of strengthening the person's internal resourcing. She offers a multitude of services of metaphysical and psychological orientation. Mainly, she provides services with a modality of transpersonal psychology, which goes beyond the personal or individual. This type of therapy focuses on the esoteric, mystical, and other non-ordinary states of consciousness beyond the usual limits of ego and personality. Here the subconscious is explored; the person is guided by their inner wisdom to heal themselves with the support and navigation of the practitioner.

Initial Evaluation

Your first couple sessions will generally consist of your therapist gathering information pertaining to your biological, psychological, and social history. This is for your clinician to have a better understanding of your life experiences and to assist in the evaluation process. It is your psychotherapist's ethical duty to make sure you are being treated by the most appropriate clinician for your specific needs, even if that means referring you to a different form of treatment, practitioner, doctor or specialist.

Sessions

Sessions can range between 50-90 minutes. If insurance is being used, the length of time will be 50-55 mins. If the session is booked privately without the involvement of insurance, sessions can be booked for 50-90 min. Depending on the need and severity of symptoms, the frequency of

TIC1.15.26

sessions can range from twice a week to once a month. Typically treatment starts on a weekly basis. Consistent attendance of regular therapy sessions are the most effective forms of treatment. It is best practice to openly communicate any intention of service reduction, change of insurance, termination or a discharge plan.

When in office, please refrain from bringing pets, guests and/or children to your individual therapy sessions, unless previously discussed and arranged with your therapist. Please do not leave children unattended in the waiting area or in the vehicle during your session, as it is a safety risk. No weapons, concealed or otherwise, are allowed in the office building. When using tele-health, please make sure you have a stable connection to wifi/data for minimal technical interruptions. Please select a quiet space with privacy.

The emotional experience in every session may vary. Emotionally expressive sessions may cause you to leave session preoccupied with the emotions and thoughts of that session; this does not mean “therapy isn’t working,” but is part of the process of therapy. Therapy involves the person to commit and invest their attention and energy in working through the issues that come up. Should your clinician observe a pattern of disinterest, distraction, lack of implementation of interventions, homework exercises, or effort, your clinician may recommend that therapy be discontinued until there is a higher degree of commitment on behalf of the person.

Termination

It is best practice to communicate about the termination of services prior to closing or discontinuing services. A great deal of vulnerability is typically expressed during the therapeutic journey, and it may cause internal disharmony to discontinue abruptly. It is also, however, both the person’s and the clinician’s right to discontinue services at any time. It can often help to create closure when termination is discussed together.

No Show/Cancellation/Arriving Late

As a convenience, your practitioner may send appointment text reminders. It is not the responsibility of the therapist to remind the person of the appointment at the hour of session. You may request email or text reminders when you create a log in and request to book through the online calendar. These text messages are sent via a third party automated system using [wix.com](https://www.wix.com).

A “no show” is when a person does not call, text, or notify the therapist at all of their intent to miss their appointment.

A “late cancel” is when a person notifies their therapist of their intent to miss the appointment, less than 48 hours (2 days) in advance.

A person may be placed on a same-day scheduling basis, should there occur a pattern of late cancellations or no shows.

If there is a pattern of no shows/late cancellations, your psychotherapist will discuss postponing therapy until there is a higher level of commitment to attending sessions regularly.

If you are aware of a late arrival, as a courtesy, please notify your clinician prior to the start of your session. Should you arrive 15+ minutes late to your appointment, your psychotherapist will count it as a no show and you will be responsible for payment of the no show/late cancellation fee. This applies to both face-to-face and tele-therapy sessions.

No Show/Late Cancellation Fees

The late cancellation or no show fee for a person/people using insurance is \$100. If the person/people are private pay, the late fee is the entire cost of the session booked.

TIC1.15.26

Should you cancel your appointment under 48 hours in advance or no show (see definitions above), you will be responsible to pay the respective late cancellation/no show fee. This applies to both face-to-face and tele-health sessions.

Fee Agreement:

Payment for services, late cancellations, and no shows are due same day of service appointment. The person agrees to be held responsible for providing payment, even if reimbursement from insurance or other source is not provided. Rates are subject to change; the therapist will provide person with advanced notice regarding any fee changes. For private pay patients, QCH accepts payment through Apple Pay or Zelle (both using the QCH business phone number [916-757-0715]). Based on the insurance provider the patient possesses, QCH also uses Grow Therapy (Kaiser NorCal) and Headway (Aetna, Sutter Health Plus, Oxford, UMR, UHC, Optum, Quest Behavioral Health) to process insurance verification, billing, and other varying insurance admin purposes. Please contact your clinician for further details. If using insurance to pay for services, the exact co-pay will be based on the person's benefits plan.

If a person requests a Treatment Summary, the cost is \$50, billed for the time to write a detailed summary. If a person requests a letter for Emotional Support Animal (ESA), the cost is \$20, again for the time to draft the letter. This is for established persons. For new persons, they must still be evaluated and assessed in a regular 50-55 min psychotherapy evaluation session first.

Emergencies

Your psychotherapist is not an emergency service; in case of a mental or medical emergency, call 911 or go to the nearest hospital.

Hours of Operation

Clinical Hours: Mon-Thu 9am-5pm. Admin Hours: Fri 9am-5pm

TIC1.15.26

These hours are subject to fluctuations. Person is still responsible to communicate any intended cancellations, even outside of those hours of operation, weekends/holidays included.

When requesting a rescheduling of your appointment, note that any change requests made after 5pm may not be seen by clinician until next business day. Cancellation texts made after 5pm will be counted towards the '48hrs in advance' notice.

Social Media

Your psychotherapist may have a business social media account open to the public. QCH's website may also offer a community page. Please note that utilizing the messaging systems on social media is not an acceptable form of communicating rescheduling, cancellations, etc. Please be mindful of the public nature of your comments, and use discretion when divulging private health information. Therapist's social media accounts are not a form of emergency services or sessions.

Outside Contact

Should a person come across the psychotherapist outside of the office, the clinician will not acknowledge the person first, in an effort to maintain person's confidentiality. It will be up to the person to determine if he/she/they would like to acknowledge their relationship and the type of relationship in public.

Limits to Confidentiality

The clinician is mandated by law to break confidentiality and notify the appropriate authorities in cases of any suspected child, elder, and/or dependent adult abuse. Child is defined as anyone under the age of 18. Elder is defined as anyone 65 years of age and older. A dependent adult is defined as a person 18 years of age or older who is unable to protect their own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a

TIC1.15.26

physical or mental condition. Abuse can include physical, emotional, verbal, sexual, financial, and neglect. Should a person disclose they have intentions to harm an intended victim(s), it is the legal and ethical duty of the healthcare professional to break confidentiality. In such cases, the clinician is required by law to warn the intended victim and alert legal authorities. In the event that a person discloses he/she/they have intention to harm themselves, it is the legal and ethical duty of the healthcare professional to break confidentiality in an effort to obtain additional support to help the person.

It is recommended that professional psychotherapists meet with other licensed clinicians in an effort to have case consultations. In such meetings, private health information is anonymized to ensure the protection of the person's identity.

Insurance companies and other third-party payers are given information that they request regarding services to persons. QCH uses Headway for billing purposes of those pre-existing patients using insurance. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of symptoms reported, progress of therapy, case notes, and summaries.

As a convenience to persons, your psychotherapists sends appointment text reminders. This may be through an automated system using a third party app such as Wix.com. At times, there may be a need to utilize other electronic means of communication, including email, voice message, text, etc. Please remember that although your clinician takes careful measures to protect your confidentiality, it is not guaranteed when using such electronic methods of communication. It is recommended to only disclose information electronically that you are comfortable sharing while acknowledging the potential compromise.

Should there be an emergency occur during the session, the clinician will call upon necessary emergency services or emergency contact in an effort to support the person.

Privacy Practices/HIPAA

Your private health information may be disclosed in the following instances:

Electronic Communication: At times, there may be a need to utilize other electronic means of communication, including email, fax, voice message, etc. Please remember that although your clinician takes careful measures to protect your confidentiality, it is not guaranteed when using such electronic methods of communication. It is recommended to only disclose information electronically that you are comfortable sharing while acknowledging the potential compromise.

Quality Review: Your clinician may use or disclose PHI with your health insurance provider/ Grow Therapy/Headway if audited or in an effort to review the quality or appropriateness of psychotherapy services you are receiving.

Payment: Your clinician may use Apple Pay, Zelle or other software to process payments for services rendered. Your health insurance company requires PHI to process reimbursement for services, including but not limited to: date of service, diagnosis, date of birth.

Limits To Confidentiality: Your clinician may disclose PHI, as required and permitted by law, in order to avoid a serious threat to the health and safety of the person, another person or the public.

Disclosures: Your clinician may disclose information to your emergency contact, family or other persons who you have given permission to be involved in your medical care. You have the right to object to the sharing of this information as well as revoke any prior consents you have given, pertaining to the release of any PHI.

You have the right to request a list of disclosures made; this request must be in writing. This list will not include the time that information was disclosed for treatment, payment, or health care operations. The list may not include information provided directly to you or your family or information that was sent with your authorization.

TIC1.15.26

You have the right to request your clinician limit how your information is used or disclosed. You must denote, in writing, what information you want to limit and to whom you want the limits to apply. Your clinician is not required to agree to the restriction. You may also request that the restrictions be terminated, either verbally or in writing.

Your Records: In most cases, you have the right to look at or get copies of your records. You must put the request in writing and you may be charged a fee for the cost of copying your records. Your clinician may refuse or limit this right if it is believed it may cause

harm. Your clinician may deny your request to look at, copy or change your records. If your request is denied, you will receive a letter that tells you why your request is being denied.

Record Changes: You may ask your clinician to change or add missing information to your records if you think there is a mistake. The request must be in writing, and you must provide a reason for your request. Your clinician has the right to refuse this request.

Tele-therapy Consent

Tele-therapy includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

Tele-therapy also involves the communication of medical/mental/emotional/spiritual information, both orally and visually, to health care practitioners located in California or outside of California.

Because of recent advances in communication technology, the field of tele-therapy has evolved. It has allowed individuals who may not have local access to a mental health professional to use electronic means to receive services. Because it is relatively new, there is not a lot of research indicating that it is an effective means of receiving therapy. An important part of therapy is sitting face to face with an individual, where non-verbal communication (body signals) are readily available to both therapist and person. Without this information, tele-therapy may be

TIC1.15.26

slower to progress or less effective. With the telephone, the person's tone of voice, pauses and choice of words become especially important and therefore an important focus of the sessions. With, therapy via email, the written word is the exclusive focus. What is important here is that you are aware that tele-therapy may or may not be as effective as in-person therapy and therefore we must pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy.

With tele-therapy, there is the question of where is the therapy occurring – at the therapist's office or the location of the person? The law has not yet clarified this issue, therefore it is best policy to inform persons that they are receiving services from my office in CA and therefore are bound by the laws of the State of California.

Please understand that you have the following rights with respect to tele-therapy:

- You have the right to withhold or withdraw consent at any time. However, during the course of the pandemic, this may be the only way of facilitating sessions.
- The information disclosed by you during the course of therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim.
- You understand that there are risks and consequences from tele-therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the clinician, that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your information could be accessed by unauthorized persons.
- In addition, you understand that tele-therapy based services and care may not be as complete as face-to-face services. You also understand that if the clinician believes you

TIC1.15.26

would be better served by another form of therapeutic services (e.g. face-to-face services) you will be referred to a practitioner who can provide such services in your area.

- You understand that there are potential risks and benefits associated with any form of therapy, and the experience of emotionally processing life events will vary from person to person.
- You understand that you may benefit from tele-therapy, but that results cannot be guaranteed or assured.
- You understand it is your responsibility to find a safe/private location with minimal distractions in order to participate in the tele-therapy session.
- You understand that tele-therapy sessions cannot be conducted while the person is actively driving a motor vehicle as it is a safety risk

IN-PERSON VISITS & SARS-CoV-2 ("COVID-19")

This practitioner periodically holds in-person sessions, groups, classes, and/or workshops in the community. In order to make efforts towards keeping all involved safe, please understand the following:

- You can only attend if you are symptom-free (For symptoms, see: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>);
 - If you are experiencing symptoms, you can switch to a tele-health appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee.
- You must follow all safety protocols established by the practice, including:
 - Following the check-in procedure;

TIC1.15.26

- Washing or sanitizing your hands upon entering the practice;
 - Adhering to appropriate social distancing measures;
 - Wearing a mask, if required;
 - Telling your Provider if you have a high risk of exposure to COVID-19, such as through school, work, or commuting; and
 - Telling your Provider if you or someone in your home tests positive for COVID-19.
- Your Provider may be mandated in the future to report to public health authorities if you have been in the office and have tested positive for infection. If so, your Provider may make the report without your permission, but will only share necessary information. Your Provider will never share details about your visit. Because the COVID-19 pandemic is ongoing, your ability to meet in person could change with minimal or no notice. By signing this Consent, you also understand that you could be exposed to COVID-19 if you attend in-person sessions.