

## Consent for Treatment and Office Policies

Welcome to my office. I am a Licensed Marriage & Family Therapist. I am trained to provide psychotherapy to adults, adolescents and children, and am governed by various laws, regulations and ethical standards. The Code of Ethics in my profession requires that I make you aware of specific policies. If you have any questions after reading this form, please bring them to my attention.

**Participation in Treatment:** Your decision to begin psychotherapy should be based on an understanding of the nature and purpose of psychotherapy, the risks and benefits of treatment, and the available alternatives. Please feel free to ask me any questions about the psychotherapy process. Understand that effective results are best achieved by regular and consistent attendance in therapy.

**Appointments and Cancellations:** Individual psychotherapy sessions are 50 minutes long and couples sessions are 90 minutes long unless otherwise arranged in advance. If you are late for an appointment, I will see you for the remainder of your reserved time. Since scheduling a session involves reserving a time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. Please note that you will be charged the full fee for missed sessions without such notification.

**Payment for Service:** My fees are set by my level of experience and by the industry standard for psychotherapy in my geographical area. Any fee adjustments must be discussed in advance. Fees may be paid with cash or personal check or credit card (Visa, Mastercard, Discover, American Express). It is customary to pay for services at the time they are rendered, unless other arrangements have been made.

**Insurance Reimbursement:** I am a Cigna Insurance provider. When using Cigna, I will communicate with the insurance company directly. In all other cases, Client is responsible for payment of all charges at the time of service. You may check with your insurance company to determine whether therapy costs are covered and to what extent. At your request, I can provide a monthly statement of services by email to help you seek reimbursement from your insurance carrier. Confidential information will not be revealed to a third party payer without your permission. Please note that most insurance carriers do not reimburse for missed or canceled sessions.

**Telephone Accessibility:** I check messages regularly throughout the day and return calls as soon as possible. In the case of a true life-threatening emergency, please dial 911 or go to a local emergency room immediately. I am available to speak with you between sessions as needed. In the event that a lengthy telephone contact is required (over 10-15 minutes), you will be charged a full or prorated session rate.

**Safety:** To meet the professional standard of care, psychotherapists are expected to take reasonable steps to prevent suicide, and to attempt to ensure safety with the least possible violation of Client's privacy and self-determination. If a client makes a serious threat of physical violence to an identifiable victim, the therapist is required by law to notify the police and the intended victim. If a therapist has reason to suspect that a child, elderly adult or dependent adult is being abused or neglected, therapist is mandated by law to make a report to the appropriate agency.

**Confidentiality:** The information that you share with me during your therapy session is strictly confidential. This means that I will not release any information about you, including the fact that you are a client, without your prior written consent. If a reason to share information with another party arises, you will be asked to sign an authorization for me to do so. You may revoke this authorization at any time by written notice.

Exceptions to confidentiality include, but are not limited to:

- suspected child abuse or neglect
- elder or dependent adult abuse
- threatening to harm yourself, others or property
- information that required by law or court ordered

If you put your mental status at issue in litigation, the defendant may have a right to psychotherapy records and/or testimony by your therapist.

**Confidentiality for Couples:** During the couples counseling, there may be occasions that I speak to or see one or both of you individually. These sessions should be seen as part of the overall couples therapy process. Therefore, when working with couples, I maintain a “no secrets” policy. Please do not share anything with me privately that you would not want discussed with your partner. If you feel it necessary to talk about matters that you absolutely want to be shared with no one but your therapist, I will be happy to refer you to an individual therapist who can maintain that total confidentiality.

**Confidentiality for Minors:** The parent of a minor has a legal right to access information about his child’s treatment, unless otherwise stated by law. However, in order to facilitate effective treatment, this right must be balanced with the minor’s right to a confidential therapeutic relationship. The confidences of minors will be respected as deemed clinically appropriate, though safety concerns will take precedence over confidentiality when the two conflict.

**Permission to Contact:** I will need to contact you from time to time to schedule appointments. Also, I may want to send you a summary of a session(s), an assignment or handout, or provide some other resource or information. Whenever possible, I will use the phone number you indicated as your preference on your Intake Form. I also accept email and text correspondence from you, but I do not encrypt electronic media, and therefore I cannot guarantee confidentiality. Therefore, please be mindful that others may have access to your account. When emailing, please use the email address or text number to which you would like me to REPLY. Using a different address or number can be overlooked or I may REPLY automatically out of habit.

When you contact me using either of these media, you authorize me to respond in the same media to that account. If you prefer that I do not contact you via text or email at all, please check here:

- Do NOT contact me via email     Do NOT contact me via text message

If neither box is checked, signature on this form authorizes me to contact you using email or text.

**Professional Conduct:** It is the therapist’s responsibility to avoid intentional or reckless harm to the client and to maintain appropriate boundaries. Sexual contact with a client is both a civil and criminal offense and should be reported to the California State Board of Behavioral Sciences.

**Termination of Services:** Participation in psychotherapy is strictly voluntary, and you may end treatment at any time you choose. The client’s professional relationship with the therapist continues as long as the therapist is providing professional services, and until either the client informs the therapist that he or she wishes to terminate therapy, or the therapist notifies the client that therapy is being terminated. Assistance in making appropriate arrangements for continuation of services will be provided when necessary.

I have read and understand these policies. (Signature required by all members of treatment age 12 or over.)

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Signature

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Printed Name Date