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Licensed Marriage and Family Therapist #92577
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www.therapyforyourchild.com

AGREEMENT FOR SERVICE / INFORMED CONSENT

Introduction

The therapeutic relationship is unique in that it is highly personal and at the same time a contractual agreement. It is important that we have a clear understanding about how our relationship will work, and what each of us can expect. Please read this consent thoroughly and discuss any questions that you have. Please indicate you have reviewed this information by signing or filling in the checkbox if read electronically.

Therapy Benefits and Risks

Therapy has been proven to increase life satisfaction, coping skills and communication skills. Therapists can help clients see distortions in their thinking and help them find evidence against those distortions. Many of the distortions can come from early childhood experiences or trauma. Many Clients increase their level of self confidence; have more comfort in interpersonal relationship and social situations.

Family therapy identifies negative family patterns that are destructive while replacing them with new, healthy ones. These new patterns help the family break the cycle that has been creating problems within the family unit.

The work you must do to create these positive outcomes can bring considerable discomfort. Symptoms may worsen at times when remembering unpleasant events and bring up strong feelings of anger, depression, anxiety, etc. It is common for things to “get worse” at the beginning of therapy before they get better. It is also possible that interpersonal relationships change as you begin to set boundaries and increase your ability to have healthier relationships.

It is important to remember that therapy is not a "quick fix." It takes work and time to see improvement. I cannot promise that your behavior or circumstances will change. I can promise to support you and do my best to understand you, patterns that are repeated and help you clarify your needs and wants for yourself.

The Ideal Client

Appreciates their role in therapy to be motivated for change and realizes that they need to keep moving forward, even if by baby steps. They value direct and honest feedback, building strong rapport with their therapist and honesty in the therapeutic relationship. They understand that therapy works best when it is consistent and make a commitment to weekly sessions. They agree to complete all homework assignments to their best ability, try new strategies, pay fees on time and discuss concerns that arise within the therapeutic relationship.

Therapist Background and Qualifications
Your Therapist has worked with families and children for over 20 years in various roles. She has completed approximately five years of supervised work with Clients and is newly licensed. Two of these years were spent with PVPSA working in an Aptos school. Most of her work has been focused on families/children treating the following concerns: anxiety, ADHD, depression, PTSD, spiritual abuse, attachment issues, communication issues, parent coaching and Sibling Therapy, trauma, learning disabilities, anger issues, parenting concerns, co-parenting issues, and neonatal death/grief.

She has completed student teaching in the ECE (Early Childhood Education) Program at Cabrillo and has an Infant Toddler Certificate. She also has two years experience working under a board certified BCBA at the Bay school working with children that are moderately to severely affected by autism in the Early Intervention Classroom.

Therapy Philosophy and Approach

Her approach to counseling is integrative and personal. During the assessment process she seeks to utilize the "best fit" of techniques, tools and theory for each client. Theories of choice are developmental, cognitive behavioral, expressive art, play therapy, and solution focused therapy, person centered and family systems. Applied Behavior Analysis principles are used throughout my work with families, children and individuals. It is important for families, children and individuals to be given the tools that they need to grow. This is best accomplished through an eclectic, personalized approach to therapy. Each person is unique and special, just as every family is. She seeks to bring out and strengthen those unique qualities in families, children and individuals by utilizing strength based therapy.

Your Therapist has a strong desire to bring growth, support and change to the families and children that she provides therapy to. She believes that it is important for families to have access to community resources and support to strengthen their familial support base.

Professional Consultation
Professional consultation is an important component of a healthy psychotherapy practice. As such, your therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, the Therapist will not reveal any personally identifying information regarding the Client.

Records and Record Keeping
Notes during session, and records regarding the Client's treatment are kept. These notes constitute the Therapist's clinical and business records, which by law, the Therapist is required to maintain. Such records are the sole property of the Therapist. Notes will not be altered at the request of any Client. Should Client request a copy of the Therapist's records, such a request must be made in writing. The Therapist reserves the right, under California law, to provide Client with a treatment summary in lieu of actual records. The Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. The Therapist will maintain Client's records for ten years following termination of therapy. However, after ten years, records will be destroyed in a manner that preserves Client's confidentiality.

Confidentiality

The information disclosed by the Client is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Exceptions to confidentiality include:

1. If a Client threatens or attempts suicide or conducts themselves in a manner in which there is substantial risk for bodily harm.
2. If a Client threatens grave bodily harm or death to another person.
3. If the Therapist has reasonable suspicion that a Client or named victim is the perpetrator, observer of, or actual victim of physical, emotional, sexual abuse or neglect of children under the age of 18 years.
4. If the Therapist has reasonable suspicion that a Client or named victim is the perpetrator, observer of, or actual victim of physical, emotional, fiduciary, sexual abuse, abandonment or neglect of an elder aged 65 years.
5. If a court of law issues a legitimate subpoena for information. Information stated on the subpoena will be released.
6. If Client is in therapy or being treated by order if a court of law, or if information is obtained for the purpose if rendering an expert's report to an attorney.

No Secrets Policy

It is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family if deemed therapeutically necessary.

Patriot Act

The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Psychotherapist-Patient Privilege

The information disclosed by the Client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the Client is the holder of the psychotherapist-patient privilege. If the Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, the Therapist will assert the psychotherapist-patient privilege on Client's behalf until instructed, in writing, to do otherwise by Client or Client's representative. The Client should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. The Client should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Fee and Fee Arrangements
The usual and customary fee for service is $120.00 per 55-minute session. Sessions longer than 55-minutes are charged for the additional time pro rata. ***The Therapist reserves the right to periodically adjust this fee*. *Clients will be notified of any fee adjustment in advance***. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payors, or by agreement with the Therapist.

The agreed upon fee between Therapist and Client is _____________.

Low fee slots:

If Client is requesting a low fee slot a one page form explaining their need must be submitted to Therapist. This is reviewed at three month intervals and fee is raised as income allows.

FEE SCHEDULE

Individual/Child- 55 min session	$150.00
Family- 55 min session	$150.00
Couples- 55 min session	$150.00
Home Visit- 50 min session	$150.00
Individual phone- 55 min session	$ 150.00
Parental phone check-in- 30 min	$ 40.00

*15 minute check-ins by phone are not charged
**Excessive texts/ emails will incur a charge of $1.50 a minute

The Therapist may engage in telephone contact with third parties at Client's request and with Client's advance written authorization. The Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than fifteen minutes.

Clients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards.

Insurance
Client is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payor. Client is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles.

As of now the Therapist is a contracted provider with the following companies: **Med-i-cal,** and has agreed to a specified fee.

If Client intends to use benefits of his/her health insurance policy, Client agrees to inform Therapist in advance.

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any session(s) for which 24 hours notice of cancellation was not given. Cancellation notice should be left on Therapist's voice mail or text at 831-431-7996.

Therapist Availability

Therapist's office is equipped with a confidential voice mail system that allows Patient to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Suicide Prevention Hot Line-831-458-5300
Contact Cares Talk Line- 1-888-247-7717 (7-17 years)
Domestic Violence- 1-800-SAFE
Child Protective Services 1-877-505-3299
Crisis Line Santa Cruz Co 831-600-2800
Adult Walk-in Evaluations 831-454-4170

Termination of Therapy

Therapist reserves the right to terminate therapy at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient.

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Acknowledgement

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist*. **Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.***

___________________________________ ___________________________________ __________

Client Name (please print) Signature of Client(or authorized representative) Date

___________________________________ __________

Signature of Client Spouse Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

____

Name of Responsible Party (Please print)

____

Signature of Responsible Party Date

CLIENT'S COPY

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