

Informed Consent

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Service (check one):

- ☐ EMDR Therapy (individuals of all ages)
- ☐ Individual Therapy (Adult)
- ☐ Individual Therapy (Minor)
- ☐ Couples' Therapy
- ☐ Telehealth Therapy (case by case, only after discussion and determination that it is appropriate)

Fees and Session Length

You are responsible for your session fees. I do not accept insurance or medi-cal. Please bear in mind that your no-show fee is the same as the full session fee. More details on this under "Appointment Scheduling and Cancellation Policies" below. If you have been a victim of crime, you may qualify to have part of your therapy costs covered by the California Victim Compensation Board.

Sessions are typically 50 minutes, although our initial meeting will be 90 minutes to provide time to fill out initial paperwork and begin getting to know you. In certain cases, EMDR sessions may be extended to 90 minutes but this would only be after discussion and mutual agreement between us. Fees would also differ in that case.

- ☐ Private Pay
Session: 50 minutes
Fee: _____
No-Show/Late Cancellation fee: _____

- ☐ Private Pay + CalVCB
Session: 45 minutes
Fee: _____
No-Show/Late Cancellation fee: _____

Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. (In addition, your therapist will not disclose information communicated privately to him or her by one family member, to any other family member without written permission.)

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, dependent adult or elder abuse. Therapists may also be required or permitted to break confidentiality

when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself.

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 48 hours in advance of your appointment. If you do not provide your therapist with at least 48 hours' notice in advance, it will be counted as a no-show, and will be charged the no-show fee.

Therapist Availability/Emergencies

You are welcome to phone your therapist in between sessions. However, as a general rule, it is our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non urgent phone calls are returned during the therapist's normal workdays within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

You should be aware that your therapist is generally available to return phone calls within approximately 24 business hours.

Your therapist is not able to return phone calls after 5pm.

Your therapist is not available to return phone calls on weekends. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail message.

In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Crisis Prevention Hotline: (800) 273-8255

Domestic Violence Help: (800) 799-7233

Youth Shelter: _____

Your Nearest Hospital: _____

Other: _____

Therapist Communications

Your therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

☐ My therapist may call me on my home phone. My home phone number is: _____

☐ My therapist may call me on my cell phone. My cell phone number is: _____

☐ My therapist may send a text message or leave a voicemail on my cell phone. My cell phone number is: _____

☐ My therapist may call me at work. My work phone number is: _____

☐ My therapist may communicate with me by e-mail. My e-mail address is: _____

☐ My therapist may send a fax to me. My fax number is: _____

☐ My therapist may send mail to me at my home address.

☐ My therapist may send mail to me at my work address.

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication therapist will respond to your e-mail or text within 24 business hours. Potential risks of using electronic communication may include, but are not limited to, inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects, and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are partners in the

therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Your therapist will work with you to develop an effective treatment plan. Over the course of therapy, your therapist will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input are important parts of this process. It is the goal of your therapist to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Risks & Benefits of Therapy

Therapy can be uncomfortable, since it will expectedly mean discussing difficult emotions, life events, and/or conflicts. My encouragement is to see it through; typically gains can be made by persevering through the difficult parts.

“He says the best way out is always through.
And I agree to that, or in so far
As that I can see no way out but through.”
-Richard Frost (1915)

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign.

Name of Client _____

Signature _____ **Date** _____

MINOR CLIENTS ONLY:

Name of Parent/Guardian _____

Signature _____ **Date** _____