

Consent For Treatment

Welcome to my practice. I am a Licensed Marriage and Family Therapist. This document contains important information about your rights and responsibilities. Please read it carefully and ask any questions you might have so that we can discuss them.

Fees: My fee is \$105 per 50-minute session. Services provided outside of scheduled appointments (phone consultations, correspondence, etc.) are billed at a rate of \$105 per hour or a portion thereof. Fees are payable at the time of service unless other arrangements are made. Fees which remain unpaid after a reasonable attempt to arrange payment is unsuccessful may be referred to an outside agency for collection. A limited number of sliding-scale openings are available.

Cancellations or missed appointments: If you must cancel an appointment, please let me know as soon as possible. If I am not notified of a cancellation at least 24 hours in advance of the scheduled appointment, you will be charged the full fee for that session.

Confidentiality: Confidentiality of the information you share with me is a cornerstone of effective therapy. In general I release no information about you without your prior written consent. There are a few exceptions to this rule, however. I am legally required to report to appropriate agencies if I believe abuse of a minor child, disabled person, or elderly person is occurring. If I believe you are threatening serious bodily harm to another, I am also required to take protective actions, which include notifying potential victim(s), the police, and/or seeking appropriate hospitalization. If you are threatening to harm yourself, I am obligated to seek hospitalization for you and/or to contact family members or others who can help provide protection. Under appropriate circumstances, I will make every effort to discuss the situation with you before taking any action.

Couples and Families in Therapy: If I am seeing you as part of a couple, where both partners have read and signed this agreement, I reserve the right to use my own discretion and clinical judgment in sharing with your partner any information that you choose to share with me individually. This no-secrets policy also applies if I am seeing you as part of a family.

Risks and benefits of therapy: Participation in therapy can result in more satisfying relationships with self and others. The success of therapy depends upon a myriad of factors including your goals, your active participation in the therapy process and willingness to change. Participation in therapy may bring about unintended changes in relationships and may also involve some emotional discomfort -- it is common for clients to report that they feel worse before they feel better as a normal part of the therapy process. Specific results or outcomes of therapy cannot be guaranteed. Please be advised that decisions about the status of your personal relationship(s) are both your right and your responsibility.

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms during our professional relationship.

Signature

Date
