

CONSENT TO TREAT/CLIENT AGREEMENT

Thank you for choosing me. I am pleased to serve you and offer my most sincere welcome. I am dedicated to help you get what you want from your counseling experience. I believe that you have the resources needed for change and it is my job to help you find them.

RISKS AND BENEFITS OF THERAPY: Therapy is a process in which we will discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change that will allow you to experience life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties you may be experiencing. The counseling process will be a cooperative effort between the client and the therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as other factors. Counseling is the process where we find our resources again to move into healthier patterns. My counseling is holistic in nature taking into account the whole person—the emotional, mental, physical and spiritual. All areas are addressed in order to bring about the balance that provides permanency for the changes clients make for themselves. ***Your right as a client allows you to stop treatment at any time and find a therapist that will better suit you needs with a different style or counseling approach.***

Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which your perceptions and assumptions will be challenged and offered different perspectives. The issues presented by may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is solely your responsibility. During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should address any concerns you may have regarding your progress in therapy.

RECORDS AND RECORD KEEPING: I may take notes during session. These notes constitute clinical and business records, which by law, a therapist is required to maintain. Such records are the sole property of the therapist. I will not alter the normal record keeping process at the request of any patient. ***Should you request a copy of your therapy records, such a request must be made in writing.*** As a therapist I reserve the right, under California law, to provide 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. I will maintain all records for ten years following termination of therapy. After ten years, client records will be destroyed.

CONFIDENTIALITY: I will carefully guard and maintain your right to confidentiality, unless written permission is given for professional communication to another individual. Although confidentiality and privileged communication remains the rights of the client, state and local laws hold the therapist responsible to report to the appropriate authorities all cases of child abuse, incest and molestation. If an individual communicates an intent to harm him/herself or someone else, it is the therapist's duty to warn/protect the person(s) involved. Also cases of dependent adult and elder abuse.

COUNSELING FEES: The fee per 50 minute session is \$120, payable by check, credit card or cash, ***due at the beginning of each session.*** Sessions longer than 50-minutes are charged for the additional time pro rata.

Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee changes in advance. There are limited number of sliding scale slots to clients based on need. To request a reduced fee, please bring proof of household income to your first appointment (pay stubs, tax statement, etc.). A commitment to 3 months of weekly therapy or 6 months bi-weekly required for sliding scale consideration. Therapist is not a contracted provider with any insurance company, managed care organization. Upon request, therapist can provide a statement or Superbill which client can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

OFFICE POLICIES: It is usual and customary for the fee to be paid at the beginning of each counseling session. Other arrangements will have to be made in advance. Sessions start on the hour and are usually held once a week at first to ensure the greatest change possible. All requests for copies of your file or amendments are to be made in writing.

THERAPIST AVAILABILITY: My office is equipped with a confidential voice mail system that allows messages to be left at any time. I 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. I am unable to provide 24-hour crisis service. If you need immediate support, please contact Crisis Support Services of Alameda County 24-hour Crisis Line: (800) 309-2131 or your local crisis line. In the event of a life-threatening situation which requires immediate medical or psychiatric assistance, call 911, or go to the nearest emergency room.

CANCELLATION OF APPOINTMENTS: If you must cancel your appointment, please call at least **48 hours in advance**. This ensures that I can see people if I have an opening. You will be charged a \$75 missed cancellation fee for the time reserved when cancellations are less than 48 hours in advance, except for emergencies. NSF checks will be assessed a \$30.00 fee. Delinquent accounts are subject to referral to collection agencies and interest at a rate of 10% per annum will apply for balances over 60 days old.

CLIENT RIGHTS: You can contact the CA Board of Behavioral Sciences should you desire a list of unprofessional conduct or need to file a complaint. The address is: Board of Behavioral Sciences at 1625 North Market Blvd., 2nd Floor, Suite S-200, Sacramento, CA 95834, (916) 574-7830 or email BBSWebmaster@dca.ca.gov

EDUCATION AND TRAINING: I have effectively helped individuals gain more choices and build more productive lives since 2000. Prior to my work in private practice I developed my professional skills in various community behavioral settings within San Francisco Department of Public Health and non-profit agencies. I have worked extensively with individuals, adolescents, couples and families. I am a Licensed Marriage & Family Therapist with the State of California (MFT#50459). I have a M.A., Counseling Psychology, Holy Names University, Oakland, California and a B.A., Psychology, University of California, Berkeley, Berkeley, California.

INFORMED CONSENT: I have read the above information and have had the opportunity to discuss such terms and conditions as well as ask any questions necessary to my satisfaction. By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I agree to abide by the terms and conditions of this Agreement and consent to participate in therapy. Moreover, I agree to hold my 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. I understand that I am financially responsible for the cost of my therapy.

Client Signature

Date

Therapist Signature

Date