

2575 Forest Ave, Chico, CA 95928 tel. (530) 591-1728

**Informed Consent for Psychotherapy**

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

THE THERAPEUTIC PROCESS, POTENTIAL RISKS & BENEFITS

You have taken a very positive step by deciding to seek therapy. Psychotherapy is a process in which we will discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change. It provides an opportunity to more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between both client and therapist. Progress and success may vary depending on many factors. Participating in therapy may often result in a number of benefits. Some of the benefits may also require substantial effort on your part, both during and in between sessions. There is no guarantee that therapy will provide the benefits or outcomes you are looking for. Benefits are more likely to occur if clients make a good faith effort in therapy. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and your situation, as well as to help you clarify what it is that you want for yourself.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant or traumatic events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which we will challenge your perceptions and assumptions and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes, a decision that is positive for one family member, is viewed quite differently by another. You should be aware that any decision on the status of your personal relationship or regarding your personal life is solely your responsibility.

Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should discuss your concerns about progress with me. Due to the varying nature and severity of problems and individuality of each client, we are unable to predict the length of therapy or guarantee a specific outcome.

CONFIDENTIALITY

The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. Marriage Family Therapists are Mandated Reporters of suspected child and elder abuse or neglect. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of abuse of children under the age of 18 years or of an elderly person who may be subjected to these abuses.
4. If a court of law issues a legitimate subpoena for information stated on the subpoena.

Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information relevant to your treatment may be shared in this context without using your name.

We live in a small community. If our paths cross outside of the therapy office, we will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge us first, we will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Practice Policies**

APPOINTMENTS, CANCELLATIONS & FEES

Please remember to cancel or reschedule 24 hours in advance. If you no show to an appointment 3 times you will no longer be able to schedule future appointments and will not be considered an active client. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If you are more than 15 minutes late with no communication your appointment will be cancelled, and it will be considered a no show.

Please make every effort to contact us if you need to reschedule or cancel your appointment at least 24 hours ahead of time.

The standard meeting time for psychotherapy is approximately 55 minutes. Reimers Counseling Services charges $140 per 55-minute session. Any request to change the 55-minute session needs to be discussed with the therapist in order for time to be scheduled in advance. Payment in the form of cash, check, or credit card are accepted.

A $25.00 service charge will be charged for any checks returned for any reason.

TELEPHONE ACCESSIBILITY

If you need to contact us between sessions, please leave a message on our voice mail. We are often not immediately available; however, we will return your call as soon as we are reasonably able. Reimers Counseling Services is appointment based and does not offer walk-in or crisis services. Please note that Face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions may be available. If a true emergency situation arises, please call 911 or any local emergency room. If you are in the Butte County area and are experiencing a mental health crisis you may also call the Butte County Behavioral Health 24-hour crisis line at 800-334-6622.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of avoiding dual relationships, We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information documented during a telemedicine session is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

NOTICE TO CLIENTS PURSUANT TO CALIFORNIA AB630

The California Board of Behavioral Services receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at www.bbs.ca.gov or by calling (916) 574-7830.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

The end of therapeutic treatment is referred to as termination. Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Termination may occur if you have accomplished your goals for therapy. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. we will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will offer you a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for four consecutive weeks, (unless other arrangements have been made in advance), for legal and ethical reasons, we must consider the professional relationship discontinued.BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Print Name

Signature

Date