

Consent for treatment

Life is about relationships. Marriage and family therapists specialize in helping people with relational issues.

Payment of Fees

California law requires all fee(s) are to be established and agreed upon before we can begin.

1. The agreed upon fee of _____ is payable at each session. A \$15.00 returned-check fee will be assessed. If your **insurance carrier denies claims for payment**, the client assumes responsibility for payment of unpaid sessions.
2. Canceling or rescheduling appointments require **at least a (24) hour notice by telephone/text** to avoid paying a 50.00 fee for a missed appointment.
3. Failure to cancel, call, or follow up on a scheduled appointment could take you out of the schedule time slot.

Your initials here agreeing to the 'Payment of Fees': _____

CONFIDENTIALITY LIMITS AND EXCEPTIONS

1. Normally, everything we discuss will be held confidential. Unless you provide a signed authorization, I will not speak to or correspond with anyone about you.
2. If you choose to email or text me regarding general information or appointments please know I cannot control, or be held liable for internet breaches (e.g. Confidentiality).
3. California law and professional ethics mandate therapists to break client confidentiality under certain circumstances 1) you or your child present a danger to self or others 2) a child or dependent adult is the victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering 3) a dependent adult or any person over the age of 65 years is the victim of physical abuse, emotional abuse, abandonment, forced isolation, fiduciary abuse, or neglect Note that the preceding is a sample, and not a complete list of exceptions to confidentiality.
4. **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 such information. **However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy.** Meaning if you participate in family or 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. Please feel free to ask your therapist about his or her "no secrets" policy and how it may apply to you!! This keeps the therapist out of a triangle of conflict that might be happening in the relationship (e.g. An affair).
5. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me. I would notify you if such a situation should occur.
6. If you are suicidal I will maintain confidentiality unless the seriousness of the situation is in need of caring for you and you refuse treatment.
7. The Patriot Act of 2001 requires therapists 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.
7. SOCIAL NETWORKING AND INTERNET SEARCHES: To protect your confidentiality I do not accept friend requests on social networking sites, such as Facebook.

Minors and Confidentiality

Communications between therapists and patients 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 patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Your initials here agreeing to 'Confidentiality Limits & Exceptions': _____

MEDICAL, PSYCHIATRIC and PSYCHOLOGICAL EVALUATIONS

1. If medical, psychiatric and/or psychological evaluation seems warranted, we will discuss the nature of these evaluations and appropriate referrals will be provided. If the need for evaluation (s) by other professionals is established and you do not follow these recommendations, your therapy may be suspended or terminated.
2. Certain medications that ease emotional suffering may be prescribed before and/or during the course of treatment.

Your initials here agreeing to 'Medical, Psychiatric & Psychological' conditions: _____

LIMITS OF COMMUNICATION

1. Every effort will be made to assist you, especially during crisis. However, there may be times when contacting you won't be possible. Therefore you must agree to first call **911** or go to the nearest hospital **Emergency Room** for assistance, any time you suspect you are in crisis.
2. As a standard business practice, each appointment ends approx. (50) minutes from the scheduled start of the appointment, regardless of your arrival time.
3. Correspondence sent to this office is retrieved at random, and several days may go by before mail is retrieved. My office hours vary randomly from day to day. Calls are retrieved from my voice mail at (760-908-9562) several times during the day (M-F) at random intervals.
4. E-mail and fax machines are not confidential methods of communicating and are not used without your signed consent.

Your initials here agreeing to _____

'Limits of Communications': _____ **TREATMENT TERMINATION**

