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Disclosure Statement and Informed Consent to Psychotherapy Services

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

Information about Your Therapist: I have been licensed as a Marriage and Family Therapist, MFC 42846, in the state of California since 3/7/06, specializing in Health Psychology/Behavioral Medicine, i.e. eating disorders, stress management, chronic pain/illness, grief and loss, and with experience with diverse children, adolescents, adults, couples, families, and groups, including those with developmental disorders, behavioral issues, life transitions, trauma, mood/anxiety disorders, divorce, ADHD, and autism. As an MFT, my scope of practice is in the realm of relationships, yet, allows for individual counseling as well. Although I draw from an eclectic array of empirically driven theories, I match the theory/intervention to what best fits my client(s) at the time. In my interactions, I employ a humanistic strengths-based model, treating clients with unconditional positive regard, empathy, and authenticity. Additionally, I am versed in cognitive-behavioral theories, object relations theories, family systems, and solution-focused brief therapy. I may assign homework from time to time to reinforce gains in treatment. In setting goals and determining progress, I may make recommendations and offer periodic feedback, of which your participation is encouraged.

The preferred modes of treatment are talk therapy and play therapy. As an MFT, I do not prescribe medication, but can refer clients to a psychiatrist or family physician for a medication evaluation, if it is deemed necessary or useful. Psychotherapy can be powerful in helping a client navigate through their feelings, thoughts, and behaviors pertaining to particular circumstances that may be maladaptive or ineffective. While success is not a guarantee, its effectiveness depends largely on therapeutic rapport between the client and therapist. Part of establishing trust is clearly delineating the frame/parameters of this contract. Due to the varying nature and severity of problems and individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

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. As your therapist, I will discuss a collaborative plan for termination with you as you approach the completion of your treatment.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment or attending consistently or paying the fees, one of us may initiate a discussion of your treatment alternatives, which may include referral, changing your treatment plan, or terminating your therapy, usually with a final session.

Fees and Insurance: The fee for service is $175 per individual therapy session and $190 per diagnostic/intake and conjoint (marital/family) therapy session, per 50-minute hour. Fees will be evaluated and are subject to change annually. Shorter or longer sessions, if deemed clinically appropriate, will be prorated. I am currently not scheduling groups due to space limitations.

Fees are payable by check or cash at the beginning of session. Please ask me if you wish to discuss a written agreement that specifies an alternative payment procedure.

Please inform me if you wish to utilize health insurance to pay for services. If I am contracted though your insurance company, I will discuss the procedures for billing your insurance. The amount of reimbursement and co-payments or deductible depends on the requirements of your specific insurance plan. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you have about this with me.

If for some reason you find that you are unable to continue paying for your therapy, please inform me, and I will help you to consider any options that may be available to you at that time.

Confidentiality: All communications between you and I 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, I will not disclose confidential information about your treatment unless as 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 I use a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, I am permitted to use information obtained in an individual session, when working with other members of your family. Please feel free to ask me about the "no-secrets policy" and how it may apply to you.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits me from disclosing to the patient that the FBI sought or obtained the items under the Act.

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, I, in the exercise of my 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 myself.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled to occur one time per week at the same time and day if possible. It is your responsibility to arrive on time, as your session will end at your normal time even if you come late. Also, coming to session intoxicated or under the influence of drugs will result in ending the session immediately with a missed appointment charge. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome, and is a therapeutic issue, as the time slot is held only for you. In order to cancel or reschedule an appointment, you are expected to notify myself at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for your missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies:
Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions. I reserve the right to charge for professional services rendered beyond the standard therapy session, i.e. elongated phone calls, collateral meetings with health care providers/family members, court appearances, letters/special forms, and additional reports.

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. You should be aware that your therapist is generally available to return phone calls within approximately 24-48 hours after 5 pm. Your therapist is not able to return calls during the business day or on Sundays. In the event of a medical 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:
Alameda County Crisis Line: 1-800-309-2131.
Southern Alameda County Hotline: (510) 792-HELP (4357)
Contra Costa County Suicide and Crisis Lines: 1-800-833-2900, 1-925-938-0725

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

___ My therapist may call me at my home number, which is _____
My therapist may call me on my cell phone number, which is
___ My therapist may call me on my work number, which is _____
___ My therapist may send mail to me at my home address, which is _____
___ My therapist may end mail to me at my work address, which is _____

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please address any questions or concerns prior to signing.

Name of Patient Signature Date