

CONSENT FOR TREATMENT

Welcome to my practice. As a Licensed Marriage and Family Therapist, I am governed by various laws and regulations, and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may affect you. Once you sign this document, it will represent an agreement between us: Therapist and Client. Our relationship is strictly voluntary and you may leave the psychotherapy relationship anytime you wish.

Who I am. I am a Licensed Marriage and Family Therapist, which means that I have earned a Masters degree in Clinical Psychology, with emphasis in Marriage and Family Therapy, from an accredited university; that I have completed the requisite 3,000 hours as a Marriage and Family Therapist Registered Intern; that I have passed my California Board exams; and that I am currently licensed with the California Board of Behavioral Sciences. I believe that the most important aspect of psychotherapy is the relationship between the therapist and the client. My main goal as your therapist is to provide a safe, nonjudgmental environment for you to explore yourself, your relationships, and other issues that may be causing you distress.

Psychotherapy Services. Psychotherapy is not easily described in general terms. Psychotherapy has both benefits and risks. Risks sometimes include being asked to discuss unpleasant aspects of your life and experiencing uncomfortable feelings like sadness, anger, or helplessness. Sometimes decisions are made in therapy that are positive for one partner and can be viewed negatively by another partner. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are no guarantees of what you will experience. In order for therapy to be effective, a commitment to regular attendance is necessary. Frequent cancellations or missed therapy appointments may result in termination of services or a referral to an alternative treatment setting.

Limits of Confidentiality. Sessions between Therapist and Client are strictly confidential, except under certain legally defined situations involving threats of self-harm or harm to another, and situations of child abuse, elder abuse, or abuse of dependent adults. In the case of danger to others, I am required by law to notify the police and to inform any intended victim(s). In the case of self-harm, I am ethically bound to inform your emergency contact, nearest relative, significant other, or to otherwise enlist methods to prevent self-harm or suicide. In instances of child abuse, elder abuse, or dependent adult abuse, I am legally mandated to notify the proper authorities. Should an agent of the federal government request a copy of your records, under the Patriot Act (Section 215), I must respond without your knowledge. Effective January 1, 2015, licensed therapists in California are now mandated reporters of therapy clients who: 1. knowingly access or trade content that depicts minors in acts of obscene sexual conduct. 2. promote, employ or engage in conduct that involves: a. prostitution (or live sexual performance) of a minor. b. modeling or posing a minor alone or with others to produce a depiction of obscene sexual conduct. It is also important that you know that I adhere to a “No-Secrets” policy when conducting couples therapy and family therapy, meaning, that if you are participating in couples therapy or family therapy, I may share information obtained in an individual session with the other party. Please feel free to ask me about this policy and how it may apply to your therapy.

Payment and Fees. Fees are to be paid on the day services are rendered, unless otherwise arranged. Please have payment ready before the session begins. Acceptable forms of payment are cash, check (made out to “Vanessa Harvell”), Visa, Master Card and American Express. If you opt to pay for sessions by cash or check, I will also have you complete a credit card authorization form during our first session. The authorization form and credit card information will remain on file and the provided credit card will be charged for any late cancellations unless otherwise arranged. All credit card charges will appear as “Vanessa Harvell, LMFT” or some abbreviation thereof on your statement. At times, I reevaluate my fee structure. As a result, an increase in fees may occur during the course of your treatment. An increase will not occur without ample advanced notice. In the event a check is returned due to Non-Sufficient Funds, a NSF fee will be charged, of which the rate shall be determined by issuing bank. Failure to pay for services may result in the termination of treatment and/or the use of an outside collection agency to collect fees.

Appointments and Cancellation Policy: Appointments are scheduled to occur on the same day/time every week, unless otherwise arranged. Cancelling or rescheduling more than two sessions in a row may result in termination of services. Frequent tardiness may also result in termination of services. Once an appointment is scheduled, you will be expected to render payment unless you provide 48-hour notice of cancellation by phone prior to the appointment time. If I receive less than 48-hours notice, the full session fee will be billed. This policy is necessary because a professional time commitment is set aside and held exclusively for you. Please note most insurance companies do not reimburse for missed or late cancelled sessions.

Insurance. I do not take insurance, though I will be happy to provide you with a statement of paid services provided with diagnostic and procedural codes that you can submit to your insurance carrier for *possible* reimbursement. Please understand your insurance coverage is an arrangement made between you and your carrier with reimbursement coming to you whenever provided by your insurance company.

Consultations and Collateral Sessions with 3rd Parties. If your case requires consultations or collateral sessions with a psychiatrist, medical doctor, case manager, therapist, family member, spouse, or other relevant 3rd party, an authorization to speak with this 3rd party must be signed by you, and session time will be billed in 15-minute increments at the hourly rate. Should your case require any letter writing, reports or disclosures in support of litigation or the therapeutic process, time will be billed in 15-minute increments at the hourly rate.

Court Proceedings. If your case requires that I attend a court proceeding as a result of a legal subpoena, time will be billed at the hourly rate of \$200, including travel time.

Leave of Absence. Twice a year I will be out of the office for 2-3 weeks for personal and/or professional development. I will give ample notice of my expected time out of the office as well as work closely with you to develop a treatment plan that will ensure continuity of care during my absence. Under certain circumstances tele sessions may be possible and can be arranged prior to my departure. At all times, a covering therapist will be made available to you for any urgent clinical matters.

Sick Policy. An active effort to commit to regular therapy sessions is essential to best practice. If either you or I are feeling unwell (i.e., virus, flu, cold, and/or any other potentially contagious illness), the sick party is encouraged to stay home instead of coming into the office. In the case of therapist or client illness, we will conduct the session via telephone at the usual session time for the therapeutic hour (50 minutes). Phone sessions are offered at your usual hourly rate.

Telephone/Email Accessibility and Emergency Procedures. I check my messages frequently and will return calls/texts/emails as soon as possible. I am unavailable on Saturdays and Sundays and if you contact me on a Friday, please understand that I may not be able to respond until the following Monday. I cannot guarantee an immediate response and technical difficulties are possible at any time. Efforts are made to respond to messages received within 24 business hours. If you have an immediate emergency, please call 911 for help. In the event of a phone session with duration of more than 5 minutes, session time will be billed in 15-minute increments at the hourly rate. In the event of text messaging and/or email correspondence with duration of more than 5 minutes, session time will be billed in 15-minute increments at the hourly rate.

Communication via E-mail & Text Messages. Text messages and e-mails can be a convenient form of communication; however, these methods of communication can be easily accessed by unauthorized people and are not completely private, secure or confidential. Internet Service Providers may retain logs of e-mail and/or text communications. Additionally, my e-mails are not encrypted. Any emails/text messages I receive from you and any responses I send to you become part of your legal record. Therefore, I prefer to use e-mail and/or text messages for administrative purposes (i.e. arranging or modifying appointments). If you communicate confidential or private information via e-mail or text, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters via e-mail or text. Please notify me if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail or cell phones.

Your signature indicates that you have read this Consent for Treatment carefully and understand its contents.

Print Client Name (First and Last)

Client Signature

Date