

Informed Consent and Disclosures (Page 1 of 2)

California Civil Code Section, 56.10 states that information may be disclosed to “providers of health care or other health care professionals or facilities for purposes of diagnosis or treatment of the patient” without patient’s consent. You acknowledge/understand that I may contact either your current or former mental health care and/or medical providers to discuss issues relevant to your diagnosis and treatment without your consent. **For Kaiser patients, this means health care professionals related to your care may consult each other without additional release forms signed by you.**

When using insurance for psychotherapy, **a diagnosis is required for services to be covered.** Diagnosis is determined by the type of symptoms you report, the severity and onset of these symptoms, my own observations during session, as well as other biopsychosocial factors. If you have any concerns related to receiving a mental health diagnosis, please contact me **prior** to your first session. Otherwise, you indicate you understand that a diagnosis will be submitted with each insurance claim.

Unless other arrangements have been made, the fee for service is \$175 payable at time of session. In the event that this fee increases after commencement of treatment, the current fee will be in effect for a period of not more than three (3) months after notice is given. This gives you time to find a new practitioner should you choose to terminate with me. If you choose not to terminate, then you agree to pay the new fee three months after disclosure of increase. If using insurance I accept, you will be liable to pay the contracted rate if there is lapse in coverage for any reason (otherwise your copay applies). Payment methods accepted are cash, check, all major credit cards, FSA cards and Zelle (or another comparable electronic payment option). When using a credit or FSA card, a \$3 service fee will be added to each transaction. Late cancellations (less than 12 hours notice) or no shows are subject to a fee of \$50.

Communication in the therapy session is kept confidential unless you grant written permission or as permitted by law. Exceptions to confidentiality include reporting suspected child, elder or dependent adult abuse. In addition, if you disclose information that leads me to believe you present a serious, imminent threat to yourself or another person, confidentiality will not apply.

Phone calls/text/email communication between sessions is to be limited to scheduling options only. I will return messages within a reasonable time frame during normal business hours M-F. Excessive communication between sessions including any lengthy emails will be billed at the regular hourly rate and will be pro-rated in 20-minute increments.

If you have thoughts of harming yourself (ie, suicidal), you agree to call 911, go to the nearest ER or reach out to a local social support. Texting or calling me for primary support is not appropriate as I may be in session or otherwise beyond cell reception and therefore unable to respond timely. **For Kaiser members, you can access the 24-hour crisis line at 800-900-3277 or the Orange County Regional Behavioral Health line at 714-644-6480.**

In the event of a personal emergency on my part, a representative may contact you. This person will not have access to your records and will only contact you if your appointment needs to be cancelled/rescheduled. The representative is not authorized to answer any detailed questions. In the event of my death, the representative will notify you of this news and provide referrals to other providers or refer you back to your insurance, whichever is applicable.

I no longer treat individuals under 18. However in the event of family therapy, I will treat the unit that is appropriate including minors. Confidentiality remains with the adult being treated.

I may opt to store your number in my cell phone using your initials as a code. If you DO NOT want your number stored, you will notify me in writing.

I take a “no secrets” approach to family and couple counseling. This means when treating families or couples, information shared during an individual meeting or by phone may be shared in the group context at my discretion. To preserve relationship, I will coach an individual on how to disclose sensitive information to another family member. In the case of couples counseling, I will not continue to see either individual if the marriage dissolves.

Ongoing training and certification are good practice in this field. If I receive new training in modalities I think could be beneficial to your treatment after we begin meeting, I’ll inform you to offer it to you. Currently, I am trained in the following trauma resolution protocols: EMDR and Brainspotting. If your issue constitutes trauma therapy or any issue that I think these protocols would be helpful to treat, we will discuss these options before utilizing them in session. For more information on EMDR, please see www.emdr.com. For more info on Brainspotting, visit www.brainspotting.com.

Consultations between therapists is common and considered good practice. In the event I do a case consult with other therapists, I will not disclose any identifiable details that would compromise your privacy.

I began providing therapy services in 2005 and received my license in 2011. I utilize a collaborative approach where I invite you to actively participate in treatment goals/direction. My focus is two-fold: immediate symptom relief and historical root causes. I use a variety of interventions including, but not limited to, positive psychology approaches, cognitive-behavioral strategies, mindfulness, family of origin exploration, emotional intelligence, and guided imagery. I welcome questions about the therapy process or any of the methods I use.

There are risks and benefits of psychotherapy. Discussing disturbing events may cause additional distress before you feel better. I recommended you do not end therapy prematurely. My goal is to resource you before the end of each session to minimize any ill effects if/when you experience emotional disturbance. I trust you to inform me if you need more than what I focus on in each session.

The California Board of Behavioral Sciences 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.

Selecting the checkbox at the end of the online Client Intake Questionnaire acts as your electronic signature for this form.

Sign: _____

Date: _____