

## **Informed Consent and Disclosures (Page 1 of 2)**

**\*\*\* Hard copy signature or checking the box on the online Intake Client Questionnaire is your acknowledgement of having read and agreed to each statement below.**

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.

Unless other arrangements have been made, the fee for service is \$150 payable at time of session. 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 and FSA cards. When using a credit or FSA card, a \$2 service fee will be added to each transaction. Late cancellation fee of \$75 applies to sessions cancelled with less than 12 hours notice.

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.

“Brea Olinda Counseling Center” is a fictitious doing business as name (DBA) used by Julianne Maki, LMFT#24535 located in the same office suite and in no way indicates a partnership between this DBA and Christine Lister, LMFT.

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. In case of emergency, please call 911.

**For Kaiser members, you may 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.

Parents or guardians of minors hold privilege and are entitled to information communicated by their children in psychotherapy. Ethics require me to communicate information regarding your child only in ways that will be helpful. This means details of a session might not be shared, but suggestions for how to handle certain situations may be discussed with parents.

## **Informed Consent and Disclosures (page 2 of 2)**

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 is 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.

I am trained in multiple trauma resolution protocols including EMDR and Brainspotting. If your issue constitutes trauma therapy we will discuss these options before utilizing them in session. For more information on EMDR, please see [emdr.com](http://emdr.com). For more info on Brainspotting, visit [brainspotting.com](http://brainspotting.com).

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

I have been providing therapy services since 2015 and received my license in 2011. I take 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 cognitive-behavioral strategies, mindfulness, family of origin exploration, increasing emotional intelligence, etc. If you have questions, we can discuss those in person.

There are risks and benefits of psychotherapy. Discussing disturbing events may cause additional distress before you feel better. It is recommended that 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.

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.

The 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](http://www.bbs.ca.gov), or by calling (916) 574-7830.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

*Selecting the checkbox on the **Client Intake Questionnaire** also acts as a signature.*