

Counseling Philosophy and Informed Consent Form

What Can I Expect from Counseling?

Benefits from therapy often vary; therefore, no promises or guarantees can be made. Possible benefits might be that you would be better able to cope with problems and interact more effectively with your family, friends, and co-workers. Other possible benefits may be a better understanding of your personal goals and values that may ultimately lead to great maturity and growth as an individual. However, you should be aware that psychotherapy may involve risk. Therapy may increase your level of pain and anxiety as your level of awareness increases. Often, such awareness may result in the arousal of intense emotions and feelings, i.e. feelings of helplessness, fear, anger, guilt, depression, or loneliness.

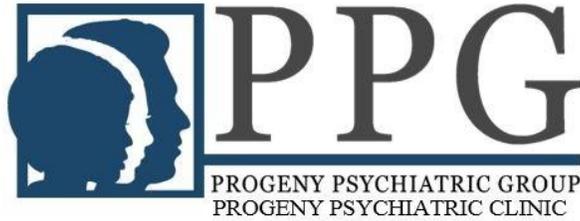
These feelings are often part of the therapeutic healing process and should be discussed further with your therapist as you encounter them. When we experience “reality” (pain, fear, anger...) this gives opportunity for healing and growth to occur. As a consumer of psychotherapy, you should be aware that there are alternatives to traditional psychotherapy. Many communities offer resources for individuals in need of assistance and may be an alternative for you and/or your family. Other alternatives to psychotherapy include self-help programs and groups, twelve-step groups, crisis-intervention, bibliotherapy, and pastoral counseling to name a few. Please feel free to discuss options and alternatives with your therapist.

Client’s Rights and Informed Consent

As a consumer of psychotherapy, you have certain rights you should be aware of. The following list is not exhaustive and is only meant to provide you with an outline of what your rights are.

1. You have a right now to receive psychotherapy, and to end therapy at any time, without notice or further obligation, should you so deem.
2. You have a right to be informed of my education and qualifications.
3. You have a right to ask questions with regards to therapeutic techniques or procedure being used, and you have the right not to consent to any technique or procedure for any reason.
4. You have a right to ask questions concerning the length of therapy and termination of therapy. However, I am not able to guarantee or promise a specific length of therapy necessary due to the personal nature of psychotherapy, as individual needs, desires, and growth greatly vary.
5. You have the right to a reasonable financial arrangement for services rendered. The current fee is \$150 per session; should this fee change, you will be given adequate prior notice to respond. A session is scheduled to last approximately 45 minutes depending on which insurance you are with. Therefore, I will inform you how long a typical session is on a case by case basis. Generally, I will attempt to arrange a regularly scheduled appointment time to meet with you.

_____ PATIENT’S INITIAL



Client's Rights and Informed Consent *Cont'd*

Due to the scheduling of my practice, you are responsible for all regularly scheduled appointments. If you are unable to keep your appointment (typically once a week ongoing), ***you must notify me of any cancellations no later than 24 hours in advance or you will be responsible for paying a \$100 fee. You will be billed in cash as insurance does not pay for missed sessions. Please call my office at 949-722-7118 for any cancellations or schedule changes. I must have proof of your cancellation 24 hours prior to the appointment in order to not bill a charge.***

If you plan to use your health insurance to cover a portion of your fee, you will need to discuss the billing procedures with our department. Some health insurance companies will cover my services, and some will not- please note most insurances do not cover couples therapy. ***You should contact your insurance company representative to determine this***, as well as an explanation of benefits for any other services. You are responsible for the fee for service regardless of the insurance company's response. Health insurance companies often require that I diagnose your mental condition and indicated that you have an illness before they will agree to reimburse you. Any diagnosis made will become a part of your permanent insurance records. In the absence of some explicit treatment objective, I will assume that your purpose in meeting with me is for open-ended self-exploration and growth, involving having the opportunity for increased insight into your feelings, history, current conditions, personal relationships, and interactions with me. Please refer to the Progeny Psychiatric Group's Informed Consent and Policies for more information regarding billing and payment.

Patients who are utilizing insurance must also know that if you are 15 minutes late or more, you may be billed as a No Show or as a Cash patient as this may not a billable session for insurance. **After 3 late cancellations or no shows within the group with any practitioner, I may choose to terminate further services.**

It is strongly recommended that you have a thorough physical examination from a medical practitioner on an annual basis, and that you have a thorough medical examination within the first month of therapy to medically address any potential complaints or concerns, which may have an impact in your therapy.

Confidentiality: I want to be clear about the degree to which confidentiality does or does not apply to our relationship. As a Marriage and Family Therapist, I am ethically obligated to treat what you say as confidential. This includes not disclosing, to anyone, the fact that you are in therapy, family information, discussions, appointments, or any information that is brought up in your therapy. There are, however, legal and ethical exceptions to this:

- You consent in writing for me to release and disclose information.
- If there is reasonable suspicion of child, elder, or dependent adult abuse, dangerousness toward self or others, and other matters subject to law.
- In my discretion, decide to obtain consultation on your case with a colleague or legal counsel, in which case no identifying information will be revealed.
- These are just a few exceptions. Please see Progeny Psychiatric Group's Informed Consent and Policies for a more extensive list and information.

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Dual Relationships

The California Association for Marriage and Family Therapists ethics code says, "Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists, therefore, avoid dual relationships with patients that are reasonably likely to impair professional judgment or lead to *exploitation*. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or[...]after termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships cannot be avoided, when a concurrent or subsequent dual relationship occurs, marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired, and no exploitation occurs.

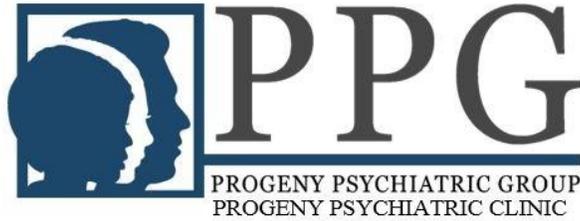
"...acts which would result in unethical dual relationships include, *but are not limited to*, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient."

Therefore, in order protect your confidentiality and avoid dual relationships, if we happen see each other outside of the therapy setting, I will not acknowledge you nor engage with you socially. If you acknowledge me, I may only nod or say a simple hello. In the chance this happens, I encourage to process the encounter and feelings that come up in the following session.

Social Media/Communication Policy

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone. I have a confidential voicemail number that you can use to leave messages anytime. I will make an effort to respond in the next business day. *Please note that I may not respond to you immediately in the event of an emergency.* In the event of an emergency, please dial 911 or go to the nearest hospital emergency room.

_____PATIENT'S INITIAL



Email & Text

Please do not email or text me content related to your therapy sessions, as it is not completely secure nor confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Behavioral Sciences, which oversees licensing, and they will review the services I have provided.

Thank you for reading my *Counseling Philosophy and Informed Consent Form*. I assure you that my services will be rendered in a professional manner consistent with acceptable ethical standards. If you have any questions, please feel free to ask.

General Consent to Therapy

I apply for and consent to counseling, psychotherapy, and diagnostic testing as prescribed by the therapist. I have read and understood the disclosure statements (Counseling Philosophy, What to Expect from Counseling, Client's Rights, Informed Consent, Dual Relationships and Social Media/Communication Policy) and all my questions have been answered to my satisfaction.

Print Name of Client (and/or Parent/Legal Guardian if minor)

Client's Date of Birth

Signature of Client (and/or Parent/Legal Guardian if minor)

Date

PATIENT'S INITIAL