

Sabrina Parr, M.S.

Licensed Marriage and Family Therapist
MFC # 36401

Informed Consent

The following document is meant to inform the client of therapist's legal, ethical and office policies and requirements:

1. The Therapeutic Process: Therapy can be very rewarding with lots of hard work and commitment. Goals will be set and revisited regularly to ensure that the client's needs are being addressed. It is important to understand that therapy is an ongoing open process and communication of concerns and/or fears is essential to potential success. Some clients may feel worse before they feel better, that is part of the normal therapeutic process. Therapy is not always successful. Sometimes clients find that the therapeutic relationship is not what they expected. These things can and should be discussed. Either party may choose to terminate the treatment at any time. It is always recommended that a closing or termination session(s) is scheduled in this event. Referrals to other providers will always be available.

2. Ethical Standards: Marriage and Family Therapists adhere to a set of ethical standards set by the California Association of Marriage and Family Therapists. These standards are taken seriously.

3. Fee (private pay): The fee is \$_____ per session for individuals and \$_____ per session for couples and families. Payment will be collected at each session. Cash or checks are accepted. A receipt will be provided for paid session for those clients who seek reimbursement from their insurance companies. Clients are responsible for correspondence with their insurance companies in these cases. If the fee is increased during the course of treatment, the client will be notified well in advance. Temporary financial hardship will be discussed on a case-by-case basis.

Fee (insurance): The co pay fee is \$_____ per session for individuals and \$_____ per session for couples and families. Payment will be collected at each session. Cash or checks are accepted. A receipt will be provided for paid session for those clients requesting one. The client is responsible for communicating any changes in coverage which may affect the fee. Clients are responsible for the entire contracted rate if they fail to show for an appointment or cancel without 24 hour notice (see below for this policy). Client understands that treatment may take longer than the sessions allotted by their insurance company. If client wishes to continue in treatment beyond their insurance benefit this will be discussed and the rate will be the same as the contracted rate with their insurance company.

Unpaid balances may be disruptive to the therapeutic process. Termination may occur due to unpaid balances. Additionally, the collection of unpaid balances may also be pursued through a collection agency or small claims court. For all of these reasons payment is collected at each session to ensure a positive therapeutic experience and relationship.

Fees (other): Consultations to schools, physicians and professionals, etc. will be billed at the usual hourly rate and may include travel time. The writing of reports, letters etc will be billed at the usual hourly rate. Court testimony/depositions will be billed at a minimum of \$200 per hour.

Telephone conversations that are brief (less than ten minutes) and that are used to transmit information, schedule appointments etc. will not be charged. More lengthy conversations (over ten minutes) where advice is sought or therapeutic issues are discussed may be billed at a percentage of the usual fee. Please note that insurance companies do not reimburse for telephone sessions/consultations and you will be responsible for any charges not covered.

- 4. Session Structure and Cancellation Policy:** Sessions will last 45 minutes. If client(s) is late the session will still end at the designated end time. If the therapist is late the client will receive the full 45 minutes either that session or the missed minutes will be added onto a future session. If the client needs to cancel a session a 24-hour notice is required. If there is no 24-hour notice client will be expected to pay the full session fee at the next session. For most EAP programs late cancellations or missed sessions result in a loss of session(s). Understandably emergencies do occur and accommodations will be made when appropriate. Session will be rescheduled at the earliest convenience of both the therapist and the client.
- 5. Confidentiality:** Information disclosed by the client during session is generally confidential; however there are certain exceptions to confidentiality. These exceptions include, but are not limited to reporting child abuse, elder and adult dependent abuse, expressed threats of violence towards self or others, and where you tender your mental or emotional state in a legal proceeding. Further, if a client has seen or is seeing another professional whose information may be important to treatment, a release of information will be requested to be signed by the client giving permission for all professionals to communicate.
- 6. Release of Information:**

I understand that for more effective treatment my therapist will need to talk with my primary care physician, other health care providers, institutions and referral sources for the purpose of diagnosis, treatment, consultation and professional communication. I further authorize the release of information for claims, certification, case management, quality improvement, benefit administration and other purposes related to my health care plan.
- 7. Regular Telephone Contact:** Client may contact the therapist for **non-urgent issues** via voicemail at 858-404-0303 Monday through Friday during normal business hours (8am-6pm). Every effort will be made to respond to the message in a timely manner. During any extended time off for the therapist, clients will be notified well in advance and a colleague will be available in non-emergency situations under the same provisions previously discussed.
- 8. Emergency Contact:** In between sessions if an emergency situation occurs the client is to call the Crisis Hotline at (1-800-479-3339) or 911 depending on the severity of the issue. As soon as possible, the client should contact the therapist to provide information regarding the crisis and the outcome after emergency services have been provided.
- 9. Email/Text Contact:** Email contact is not recommended, as email is not considered confidential. Furthermore, email is not checked daily and should not be used as a form of timely communication. All confidential and time sensitive communication shall be via the telephone. Emails, faxes, and important texts are all considered part of your medical record and will be printed and added to your file. My emails and texts are NOT encrypted. If you communicate confidential or private information through these channels, I will assume you have made an informed decision, will view it as your agreement to take the risk that it could be intercepted, and that it is acceptable for me to respond in kind. In general, I prefer that we talk in person or on the phone. Texting is useful for short communication, such as letting me know you are running late for or canceling an appointment.
- 10. Vacation Coverage:**

If I am out of town or otherwise unavailable, I will arrange for a qualified professional to cover for me. This information will be communicated in advance and/or will be available on my outgoing voicemail message.
- 11. Secrets Policy:** In conducting couples or family sessions it is policy that there are no secrets. Any information shared with the therapist by one member of a couple or family outside the presence of the other member(s) may be disclosed to the other member(s) at the therapist's discretion.
- 12. Treating Minors:** When treating a minor over the age of 12 years individually, it is therapeutically crucial to provide a safe and confidential environment for the minor. Parents may take an active part in therapy, but the information shared between the minor and the therapist will be generally confidential (with above exceptions, see

Confidentiality). Monthly meetings may be held to provide parents a summary of the progress in treatment and progress towards goals if appropriate.

- 13. Consultation with Colleagues:** During the course of therapy the therapist may need to consult with other professionals to ensure appropriate treatment of the client. Non-identifying information will be used in these instances to ensure the confidentiality of the client.
- 14. Public Meetings:** If you encounter the therapist in public the therapist will not acknowledge you (the client) in order to preserve the confidentiality of the therapeutic relationship. The client may choose to acknowledge the therapist and make introductions, if desired. I do not accept any social media contact requests from current or former clients so that I can maintain appropriate confidentiality.
- 15. How Medical Information about You the client may be used and disclosed and how you can get access to that information according to the Health Insurance Portability & Accountability Act.** You are also protected under the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, faxing), it will be done with special safeguards to ensure confidentiality. There is a separate notice we will go over entitled "Notice of Privacy Practices."

I have reviewed this document with the therapist and understand and agree to each policy. I have had the opportunity to discuss each policy in detail and have no further questions.

Printed Name	Signature	Date
_____	_____	_____

Printed Name	Signature	Date
_____	_____	_____

Printed Name	Signature	Date
_____	_____	_____

Printed Name	Signature	Date
_____	_____	_____

- **Initial here if you received a copy of the Informed Consent:** _____
- **Initial here if you received a copy of the Notice of Privacy Practices:** _____

I have reviewed this document with my client(s) and have given them the opportunity to clarify any issues.

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