

Informed Consent, Disclosure Statement & Agreement for Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information about Your Therapist

At an appropriate time, your therapist will discuss her professional background with you and provide information regarding her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation. Your therapist is a Marriage and Family Therapist Registered Associate (previously referred to as "Intern"), who holds a Master's degree in the field of psychology and is in the process on completing hours toward licensure as a Marriage & Family Therapist (MFT). As required by the California Board of Behavioral Sciences, all pre-licensed therapists are supervised by licensed MFT.

Allie Rosenberg, MAC, Registered Associate MFT , #AMFT92144 is employed by and under the supervision of Estee Diamond, MS, LMFT, CA. Lic. #MFT34372.

Fees and Insurance

The fee for service is \$130 or \$_____ per a 45 minute therapy session. Fees are payable at the time that services are rendered. Checks are payable to "Estee Diamond". Please inform your therapist if you wish to utilize health insurance to pay for services. The amount of reimbursement and the amount of any co-payments or deductible depends on the specifics of your insurance plan. You are responsible for verifying and understanding the limits of your insurance coverage. Although this office is happy to submit claims on your behalf, we are unable to guarantee whether or not your insurance company will reimburse you for the services provided. Please discuss any questions or concerns that you may have about this with your therapist. If for some reason you find that you are unable to continue paying for your therapy, please inform your therapist. Together you can consider any options that may be available to you.

Confidentiality

Apart from consultation with her/his supervisor, all communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. In addition, your therapist will not disclose information communicated privately to him or her by one family member, to any other family member without permission.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. To cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs. in advance of your appointment. If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for payment for the missed session. Please note insurance companies will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. Telephone conversations that exceed 10 minutes are prorated based on your session fee. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Saturday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference listed below.

Yes/ No My therapist may call me at my home.

Yes/ No My therapist may call or text me on my cell phone.

Yes/ No My therapist may communicate with me by email.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign!

Signature of Patient

Signature of Parent /Guardian

Date: ___/___/___

Date: ___/___/___