



Maria Coleman, LMFT
Licensed Marriage and Family Therapist
#92626

AGREEMENT FOR SERVICE/INFORMED CONSENT

Introduction: This Agreement is intended to provide you, the Client, with important information regarding the practices, policies and procedures of this office, and to clarify the terms of the professional therapeutic relationship between Therapist and you. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Risks and Benefits of Therapy: Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Client, including, but not limited to, reduced stress and anxiety, decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client's perceptions and assumptions, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of Client's personal relationships is the responsibility of Client.

During the therapeutic process, many Clients find they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns regarding progress in therapy with Therapist.

CONFIDENTIALITY: All communication between you and your therapist will be strictly confidential unless you provide written permission to release information about your treatment. If you participate in a marital or family therapy, your therapist will not disclose confidential information about your treatment unless all persons involved in the treatment provide written authorization to disclose such information.

There are exceptions to confidentiality.

According to the laws of the State of California, therapists are required to report

1. Suspected abuse to children, the elderly or dependent/disabled persons
2. Threats of violence to specific individuals.
3. Threats of suicide

In addition, a federal law known as The Patriot Act (Patriot Act) of 2001 requires therapists (and others), in certain circumstances, to provide books, records, papers, documents and other items to the FBI, and prohibits Therapist (and others) to inform Client that the FBI sought or obtained items under the law.

E-mail, Internet, & Social Media: Treatment material will not be discussed via email, text, or other electronic means. You are welcomed to email or text Therapist; however, Therapist will respond via phone. This will ensure nothing is misinterpreted or compromised via e-mail or text. Remember that e-mail and text are neither a secure nor confidential means of communication. You should also know that therapists are required to keep the identity of their clients confidential. Therefore, if Client and Therapist encounter each other in a public place, Therapist must wait for Client's acknowledgement, if Client chooses to do so. Otherwise, Therapist will pretend not having seen Client.

Appointments and Fee Arrangements: Appointments last 45 minutes. It is important to be on time as a late arrival cannot be made up by going overtime. Sessions longer than 45 minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payers, or by agreement with Therapist.

The initial agreed upon fee between Therapist and Client will be set prior to first meeting. Therapist reserves the right to periodically adjust fee. Client will be notified of any fee adjustment in advance.

From time-to-time, Therapist may engage in telephone contact with Client for purposes other than scheduling sessions. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Client's request and with Client's advance written authorization. Client is responsible for payment of the agreed upon fee (prorated @ \$2/minute) for any telephone calls longer than 10 minutes in these two situations.

When records are requested by third parties, Client is responsible for fees involved in the completion of health-related forms and sending of what is requested. Client will be notified in advance of the expenses.

Your agreed upon fee for each individual session will be paid at the time service is rendered. Cash and major credit cards are accepted. If a check is returned from the bank for insufficient funds, or if payment is stopped on a check or the account is closed, then that amount becomes due and payable, with an additional \$25.00 charge per check.

If for some reason Client cannot continue to pay for therapy, Client should inform Therapist. Therapist will help Client consider any option available at that time.

Cancellation Policy: Client is responsible for payment of a cancellation fee for any missed sessions or for any sessions for which Client failed to give Therapist at least 24 hours notice of cancellation. Your appointment time is reserved for you and cannot be filled when short notice of cancellation is given. Cancellation notice should be left on Therapist's voice mail at 626-385-6783 or sent via e-mail

About the Therapy Process:

It is my intention to provide services that will assist you in reaching your goals. Based upon the information you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I 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 client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy: Therapist reserves the right to terminate therapy at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Client participate in one to three termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Client.

Notice: 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, or by calling (916) 574-7830.

I have read this agreement for services carefully and understand its contents.

Signature: _____

Date: _____