**NADIA MERLO, LICENSED MARRIAGE & FAMILY THERAPIST #117472 MERLO.LMFT@GMAIL.COM WWW.NADIAMERLO-LMFT.COM**

**INFORMED CONSENT & FEE/OFFICE POLICIES**

This agreement is intended to provide [name of client] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein “Client”) with important information regarding the practices, policies and procedures of Nadia Merlo, LMFT (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this agreement should be discussed with Therapist prior to signing it.

**Therapist Background and Qualifications**

Therapist has been actively involved in the mental health field for many years and obtains continuing education units. Therapist is licensed to practice in the state of California. Therapist has worked with a wide variety of client populations including children, adolescents and adults. She has worked with clients with a wide range of symptoms and concerns. She has been trained in several therapeutic modalities, and most frequently utilizes a Cognitive Behavioral Therapy (CBT), Psychodynamic and solution-focused approach in her work with clients.

**Therapy Process**

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 his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties clients may be experiencing. Psychotherapy is a collaborative 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 Clients, including reduced stress and anxiety, a 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. However, there is no guarantee that 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 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 his/her personal relationships is the responsibility of the Client. **During the therapeutic process, many Clients find that they feel worse before they feel better.** This is generally a normal course of events. Personal growth and change may be easy and fast at times, and at other times may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

**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.

Therapist reserves the right to terminate therapy at his/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 at least one, or possibly more, 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.

**Fee and Fee Arrangements**

The usual and customary fee for individual therapy is $150 per 50 minute session.

Couples therapy usual and customary fee for services is $200 per 50 minute session.

Sessions longer than 50 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 30 days in advance. From time-to-time, Therapist may engage in telephone contact with Client for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 10 minutes. In addition, Therapist may engage in telephone contact with third parties at Client’s request and with Client’s advance written authorization. Clients are expected to pay for services at the time services are rendered. Therapist accepts visa, mastercard, paypal, Venmo or Zelle. Client can pay ahead for sessions by making a monthly payment at the beginning of each month, if Client prefers this option. If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist immediately. By signing this document, Client agrees to pay fees at the time of service or ahead of time. \*No Insurance is accepted at this time\*

**Appointments & Cancellation Policy**

Sessions are typically scheduled to occur one time per week at the same time and day if possible. 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. If a client makes an appointment with the therapist, the appointment is considered as a contract for the therapist’s time. Clients wishing to cancel or change an appointment must give the therapist 24-hour notice in order to avoid being charged for the full appointment. If a client no-shows or cancels at the last minute or without giving 24-hour notice the credit card will be charged for the full cost of the missed appointment. Please provide credit card information here. Nadia Merlo is a Licensed Marriage and Family Therapist in California and is ethically bound to be responsible with your personal information. You can be certain that she is very respectful of this information and your rights to privacy:

**I have read and understand the cancellation policy: Initial \_\_\_\_\_\_\_\_\_\_\_\_**

Please provide your credit card information to be kept on file:

Name as it appears on the card:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Type: □ MasterCard □ Visa

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Month: \_\_\_\_\_\_\_Expiration Year:\_\_\_\_\_\_\_\_\_ Security Code:\_\_\_\_\_\_\_\_

Your card will not be charged unless you fail to make a payment. (I understand that my credit card will be billed for a missed appointment if I fail to give 24-hour notice.)

**Confidentiality**

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, ***except where required or permitted by law***. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a Client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

**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 her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

**Psychotherapist-Client Privilege**

The information disclosed by Client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between Therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the client is the holder of the psychotherapist-client privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-client privilege on Client’s behalf until instructed, in writing, to do otherwise by Client or Client’s representative. Client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

**Client Litigation**

Therapist will not participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Client’s attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client’s legal matter. Therapist will not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such an appearance at the hourly rate of $175.

**Therapist Availability/ Emergencies**

Therapist provides a confidential email that allows Client to send a message at any time. Therapist will make every effort to return messages within 24 hours (or by the next business day). Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, **he/she should call 911, or go to the nearest emergency room.**

You should also be aware of the following resources that are available in the community to assist individuals who are in crisis: **National Crisis Hotline: 800-309-2131**

**Records and Record Keeping**

Therapist may take notes during session, and will also produce other notes and records regarding Client’s treatment. These notes constitute Therapist’s clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any Client. Should Client request a copy of Therapist’s records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Clients records for 7 years following termination of therapy. However, after 7 years, Client’s records will be destroyed in a manner that preserves the patient’s confidentiality.

**Notice to Clients**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of licensed marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830

**Acknowledgement**

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client’s satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

**I understand that I am financially responsible to Therapist for all charges.**

Patient Name or Name of Responsible Party (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient (or authorized representative):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*FOR THERAPIST USE ONLY\*\*

CLIENT INTAKE DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NADIA MERLO, LMFT #117472