

# DESIREE M. BRAMLETT, MS; LMFT

Licensed Marriage and Family Therapist #79108  
2301 E. 28<sup>th</sup> St. Unit 309, Long Beach/Signal Hill, CA, 90755  
Phone: 213) 262-8112  
CONSENT FOR TREATMENT

I/We, \_\_\_\_\_ Relationship to Client \_\_\_\_\_, have been informed of the risks and benefits of psychotherapy and agree to allow Desiree Bramlett, MS; LMFT to provide psychotherapy services.

**Voluntary agreement:** All services will be collaboratively agreed upon and Desiree Bramlett, MS; LMFT will provide written plan for treatment if requested. Psychotherapy can evoke uncomfortable feelings such as sadness, guilt, anger, etc.; but has also shown to lead to better relationships, decision making, and reduced distress. By signing this form the client (or guardian in case of a minor) is voluntarily consenting to treatment with Desiree Bramlett, MS; LMFT.

**Confidentiality:** All information will be kept confidential (except in cases outlined by "Limits of Confidentiality"). Clients/legal guardians have the right to inspect or request their records at any time, but records will be maintained by Desiree Bramlett, MS; LMFT. Records will be released to third parties only upon written consent by client/guardian. Please be aware that electronic communication (e.g., email, facebook, texting) is not secure.

**Limits of Confidentiality:** Desiree Bramlett, MS; LMFT is mandated by legal and ethical guidelines to report to the proper authorities any reasonable suspicion of abuse to a minor, elder, or disabled person or reasonable expectation of risk of harm to self or to another reported by the client/guardian. When necessary, a judge may order Desiree Bramlett, MS; LMFT to provide oral testimony or written records.

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**Releases of Information:** Any information released to third parties must be consented to in writing by the client/guardian. Written consent will remain valid for one year or until client/guardian revokes consent in writing (whichever comes first).

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**Fees:** My 90 minute intake fee is \$150. Session fees thereafter are \$125 per session or a different amount agreed upon prior to session. I charge my hourly rate for preparation/attendance at any legal proceeding including travel time even if called to testify by another party regardless of whether I am asked to contribute to the proceedings. Client/guardian is agreeing to be responsible for prompt payment of services. Failure to provide payment as agreed upon may result in termination of services and referral to other services providers.

**Attendance:** The client/guardian agrees to maintain appointments as collaboratively agreed upon. Failure to attend scheduled appointment or notify Desiree Bramlett, MS; LMFT of cancellation at least 24 hours in advance will result in client/guardian being charged for a full session (\$125). Patterns of missed sessions may result in termination of services.

**Emergency Procedures:** Office phone will be monitored 7 days per week. In case of emergency, client/guardian are instructed to contact emergency services.

Office/Emergency Phone: 213) 262- 8112      Psychological Emergency Response: 877) 727-4747  
Emergency Response: 911

**Complaints:** Desiree Bramlett, MS; LMFT is licensed by the Board of California Behavioral Sciences overseen by the California Department of Consumer Affairs. Complaints can be lodged with either of these regulatory agencies. California Department of Consumer Affairs: [www.dcs.ca.gov](http://www.dcs.ca.gov). Board of Behavioral Sciences: <http://www.bbs.ca.gov/>

Signatures

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Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Desiree M. Bramlett, LMFT

\_\_\_\_\_  
Date