

Valeri Liebig, M.A., LMFT# 128952

250 W Main St., Ste. 103

Tustin, CA 92780

Office: 949-545-8596

Informed Consent and Agreement for Services

Client Name: _____ Client's Date of Birth: ____/____/____

Home #: (____) _____ Cell #: (____) _____ Wk #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Home #: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Seeking therapy is an important step of personal growth, and this agreement has been designed to provide you with important information to promote a successful therapy experience. Please read it carefully and feel free to ask any questions you have.

Valeri Liebig is a Licensed Marriage and Family Therapist employed by Valeri Liebig, LMFT. You are free to ask questions at any time about her background and experience. As the patient, you have the right to ask your therapist questions at any time about the process, methods being used, and your progress in therapy. She will treat you with respect, discuss your feelings, and explain things in a way you can understand.

Written records of each case are the property of Valeri Liebig, LMFT. You also have the right to access your records as defined by state law.

It is your therapist's intention to provide services that will assist you in reaching your goals, and she sees himself and clients as partners in the therapeutic process. 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. 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. While there are no guarantees, therapy will often help you feel better and produce beneficial results. You will know that therapy is working as your relationships are improving, you feel less worried or anxious about a problem, problems are being resolved, or you start feeling better about yourself. However, some people can feel worse or have an increase in symptoms like anxiety or depression before feeling better. Sometimes, new problems can arise. It is important that you bring up any concerns, symptoms, or feelings that come up with your therapist so that she can do an ongoing assessment of your situation and design the best treatment plan for you. She will do her best to address your concerns in a respectful, caring way. Your therapist may also discuss or recommend other professionals in your treatment, as appropriate, as she does not give medical advice or prescribe medication.

Agreement for Appointments/Cancellation Policies

Therapy sessions are typically 50 minutes long. The remainder of the hour is spent maintaining therapy notes, as required by law, or making phone calls as needed. Sessions are typically scheduled to occur one time per week at the same time and day, if possible. Your consistent attendance greatly contributes to a successful outcome.

Your appointment time is reserved exclusively for you, so it is important to keep track of your appointments and make them a priority, as your therapist will not typically give you a reminder. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your appointment. If you do not provide your

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therapist with at least 24 hours advance notice, you are responsible for a \$_____ payment for the missed session.

Fees/Insurance

The fee per session is \$_____, and payment is due in full at each session. All payments should be made out to **Valeri Liebig, LMFT**. For your convenience, your therapist accepts cash, check, or Visa/MasterCard. Also, if you encounter a problem with the payment of fees, it is important to discuss it with your therapist immediately. She will then help you consider various options that may be available to you.

This Licensed Marriage and Family Therapist can provide you with a written receipt called a "superbill" that you can submit to your insurance company. The amount of reimbursement or deductible depends on the requirements of your specific insurance plan. Please discuss any questions or concerns that you may have about this policy with your therapist.

Confidentiality

Other than for supervision purposes, all communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, elder abuse, or dependent adult 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 to keep that person safe. You have the right to bring up any questions about confidentiality. E-mail or text communications with your therapist are not considered confidential forms of communication. You consent to e-mail or text communications unless you let your therapist know you do not want to use these.

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 such information. However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him, when working with other members of your family. Please feel free to ask your therapist about her written "no secrets" policy and how it may apply to you.

Therapist Availability / Emergencies

Occasionally, an urgent situation may arise when you need to contact your therapist between sessions for consultation. Please reserve this option for truly urgent matters. These contacts are usually brief, as it is best to handle matters in an actual session. You may leave a message for your therapist on her confidential voicemail. 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 and the best way to reach you.

Please realize that your therapist may not always be available in the late evening or on weekends, but will do her best to return your call as soon as possible. Also, your therapist does not answer the phone when She is with other patients. Non-urgent phone calls are typically returned during normal workdays (Monday through Friday) 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.***

Length of Therapy /Termination

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Because each person's situation is different, it is impossible to predict the length of therapy or to guarantee a particular result. In my experience, some problems can be addressed in a few sessions, while some require a longer course of treatment. Generally, the more you put into the experience and use the tools we discuss between sessions, the more quickly you will meet your goals. If you ever get discouraged or aren't sure you are making progress, you are encouraged to discuss these concerns. After all, your goals, thoughts, and feelings are important to your therapist! Possible solutions include modifying our treatment plan, including other resources, or referring you to another therapist who is a better fit. You are always free to stop therapy at any time, but are encouraged to discuss your thoughts about stopping with your therapist so that you and she can discuss it together. If you have met with your therapist for more than a few months, it is especially important that you meet with your therapist at least once before stopping. Sometimes people want to quit because of the difficult material discussed in therapy, so it is important to include your therapist in the decision. Perhaps things can be approached in a different way that would work better for you so that you may continue.

In conclusion, I have read, understood, and agree to all terms and conditions. I understand all the risks and benefits of treatment and give my informed consent and wish to proceed with counseling. I have a right to a copy of this agreement.

_____	_____	_____
<i>Date</i>	<i>Signature of Client</i>	<i>Printed Name</i>

_____	_____	_____
<i>Date</i>	<i>Signature of Client</i>	<i>Printed Name</i>

I also acknowledge I have received or been offered a Notice of Privacy Practices.

_____	_____	_____
<i>Date</i>	<i>Signature of Client</i>	<i>Printed Name</i>

_____	_____	_____
<i>Date</i>	<i>Signature of Client</i>	<i>Printed Name</i>

As the therapist, I have discussed the above issues with my client. My observations of this person's behaviors and responses give me no reason to believe that she or he is not fully competent to give informed and willing consent to treatment.

_____	_____	_____
<i>Date</i>	<i>Signature of Therapist</i>	<i>Printed Name</i>