

## Informed Consent

### About Me

I, Christina Duffy, am a Licensed Marriage and Family Therapist (CA License #86699). Since 2008, I have been committed to providing culturally competent, strength-based, and client-centered counseling services.

---

### About the Therapy Process

Therapy is intended to support your goals through professional guidance and collaboration. Outcomes cannot be guaranteed, and progress varies from person to person.

At times, therapy may feel challenging. Your active participation plays an important role in the process.

---

### Fees

Fees are due prior to each session. If you experience financial difficulty, please let me know so we can discuss possible options.

---

### Payment Methods

Accepted forms of payment include credit card, Venmo, PayPal, Square, Cash App, Health Savings Account (HSA), or cash.

---

### Insurance and Billing

I may accept insurance through platforms such as Headway, which manages eligibility, billing, and claims. You are responsible for providing accurate insurance information and understanding your coverage, including copays, deductibles, and limitations.

If I am not in-network with your insurance, you may use out-of-network benefits. In this case, full payment is due at the time of service. Upon request, I can provide a receipt (superbill) for possible reimbursement.

Insurance companies may require information such as diagnosis, dates of service, and treatment progress. Coverage is not guaranteed, and you are responsible for any unpaid balance.

---

### **Cancellation Policy**

I understand that unexpected situations can come up, and I aim to be flexible when possible. Please do your best to provide advance notice if you need to cancel or reschedule.

- Teletherapy (before 5pm): same-day rescheduling allowed
- Virtual sessions: 24-hour notice preferred
- Evening/weekend/eco sessions: 48-hour notice preferred

Your first late cancellation or missed session will be waived. After that, late cancellations or no-shows may be subject to a \$50 fee.

---

### **Communication Between Sessions**

Brief communication between sessions is available for scheduling or urgent matters and is typically limited to 1–3 messages. If additional support is needed, we may schedule a session.

---

### **Emergency Contact**

You may leave a message at (916-827-0071). I will return calls within 24 hours or the next business day when possible.

I do not provide 24-hour crisis services. If you are in crisis, call 911, go to the nearest emergency room, or contact the 988 Suicide & Crisis Lifeline by dialing or texting 988.

---

### **Limits to Confidentiality**

Your information is confidential except when disclosure is required by law, including:

- Suspected abuse or neglect (child, elder, dependent adult)
- Risk of serious harm to yourself or others
- Court orders
- Other legal or federal requirements

In rare cases, federal law may require disclosure without your knowledge.

---

### **Couples / Family Therapy**

A “no secrets” policy may apply. Information shared individually may be brought into joint sessions if clinically appropriate. The goal is to support honesty and the health of the relationship or family.

---

### **Minors and Confidentiality**

Therapy with minors works best with trust and privacy. General progress may be shared with parents, while sensitive details are protected when appropriate.

Parents/guardians acknowledge a confidential therapeutic relationship and agree not to request detailed records.

Minors age 12+ who consent to their own treatment may have additional confidentiality rights, as permitted by law.

---

### **Telehealth / Telemedicine**

You consent to telehealth services (video, phone, or messaging).

You understand:

- You may withdraw consent at any time
- Confidentiality protections apply (with legal exceptions)
- Risks include technical difficulties or unauthorized access
- Telehealth may not fully replace in-person care

Referrals will be provided if a different level of care is needed.

---

### **Eco-Therapy / Outdoor Sessions**

Outdoor sessions involve risks such as terrain, weather, allergens, animals, and reduced privacy.

By participating, you accept these risks. I will take reasonable steps to support safety and privacy.

---

### **Litigation and Third Parties**

Please inform me if you are involved in legal proceedings.

I do not provide legal testimony, reports, or communication with attorneys. Therapy is not intended for legal purposes unless discussed in advance.

---

### **Risks and Benefits**

Therapy may provide insight, emotional support, and improved coping skills. It may also involve discussing difficult experiences.

Results are not guaranteed. Progress varies and may take time.

---

### **HIPAA Notice of Privacy Practices**

By signing, you acknowledge access to the Notice of Privacy Practices available on my website under the Resources section.

---

### **Agreement**

By signing below, you acknowledge that you have read and understand this Informed Consent, have had the opportunity to ask questions, and agree to participate in therapy.

You understand the risks and benefits of therapy and agree to take an active role in the process.

This agreement also serves as consent for treatment of a minor (if applicable) and participation in telehealth and/or eco-therapy services.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_