CONSENT FOR TREATMENT

Jenna Flowers, Psy. D., MFT #44174

**PAYMENTS AND REFUND POLICY:** The standard fee is $260 a psychotherapy session and $300 for coparenting therapy unless otherwise agreed prior to the beginning of session. Session time is a 55-minute session. I have a 24 hour cancellation policy. Less than 24 hours notice, the full session is billed.

**LIMITS ON CONFIDENTIALITY**: The law protects the privacy of all communications between group participants and therapists. Although the therapists cannot guarantee confidentiality among group participants during the process portion of the class, it is strongly advised. Also, there are some situations where licensed marriage and family therapists are permitted or required to disclose information without either your consent or authorization:

1. If a client threatens self-harm, we may be obligated to seek hospitalization or contact family members or others who can provide protection.
2. If you are involved in a court proceeding and a request is made for information about the professional services provided you and the records thereof, such information is protected by therapist-patient privilege law, and no information will be provided without your (or your legally appointed representative) authorization, a court order, or compulsory process (subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice ( when required) has stated valid legal grounds for obtaining PHI, and we do not have grounds for objecting under state law (or you have instructed him or her not to object). If you are involved in litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
3. If a government agency is requesting the information for health oversight activities pursuant to their legal authority, we may be required to provide it to them.
4. If a client files a complaint or lawsuit against Jenna Flowers, Psy.D. , relevant information may be disclosed regarding that client in order for proper defense of the therapists.

There are some situations where Jenna Flowers Psy. D. is legally obligated as mandated reporters for the state of California to take actions that they believe are necessary to protect others from harm, and are required to report to the appropriate governmental agency.

1. If there is knowledge of a child under 18 or reasonable suspicion of a child under 18 is the victim of physical abuse, sexual abuse, or neglect, we are required to contact child protective serves and file a report.
2. If there is knowledge of an elder age 65 or older that reasonably appears to be physical abuse, sexual abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder, dependent adult. A report is mandatory to Adult Protective Services.
3. If a client communicates a serious threat of physical violence against an identifiable victim a report must be made to local authorities.
4. If there is reasonable suspicion to believe that the client is in such a mental or emotional condition as to be dangerous to himself or herself.

If such a case arises, we will make every effort to fully discuss it with you before taking any action, and will limit disclosures to what is necessary.

**CONTACTING THE THERAPISTS**: Due to the nature of psychotherapy, you may feel triggered or overwhelmed by what you are processing. Please contact me to briefly process. If the topic of concern needs more individual attention, then an individual session with myself may be suggested. If a checkin does not seem to be sufficient enough, I will advise a second session to have more extensive time to discuss.

**PROFESSIONAL RECORDS:** the law and standards of marriage and family therapists require keeping Protected Health Information (PHI) about you in your clinical record. Since this is a class/process oriented group, this record will comment on absence, and any topics that were important to your growth during the class. You may request to examine this record.

**CONFIDENTIALITY AND CONTRIBUTION OF KNOWLEDGE**: We are committed to the advancement of psychology and marriage and family therapy as a science and profession. We contribute professional time to teaching, writing, training, and improving the standards of psychotherapy. Some of this teaching and writing requires the use of case illustrations. These illustrations are general and do not expose the identity of any person. Unless you notify us to the contrary, it will be assumed that you have no objection to this work in lectures or publications.

Your signature on this form is your acknowledgement of the above facts. Please feel free to discuss any concerns you may have, on these or other administrative matters with me as they arise.

I also offer telemedicine, skype, or face time and the confidentiality also applies although I cannot promise confidentiality over the internet.

I have read, and I understand the contents of the above material.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (s) signature if treating a minor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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