



## Office Policy and Informed Consent for Treatment.

*Before starting therapy, it is important to know what to expect and to understand your rights and commitments. This consent form is an attempt to be as transparent as I can about the nature of the therapeutic process, so you are fully informed prior to starting therapy.*

It is understood that during the course of therapy with Jennifer Shtrum, MA, LMFT, I am being seen under the care of a Licensed Marriage and Family Therapist. As a registered Licensed Marriage and Family Therapist, Jennifer Shtrum, MA, LMFT is governed by various laws and regulations and by the code of ethics and policies in the state of California. However, many of these policies may be unrelated to our work together.

**Appointments, Fees, Cancellation policy:** Federal Truth in Lending Disclosure Statement for Professional Services. My fee is \$300.00 for individual sessions and \$350.00 for couples and/or family sessions. Each session lasts approximately 50 minutes. A fee of \$800 is charged for report writing. I agree to pay the stated fee by cash, credit card or the application Ivy Pay at the beginning of each session. If I am prevented from attending the scheduled session and do not cancel the appointment at least 48 hours in advance, I understand that I will be charged the full session fee. This standard for being charged for late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which I will not be able to offer to someone else on short notice. When fees for services are not paid in a timely manner, collection agencies may be utilized on collecting unpaid debts.

**Confidentiality:** When you attend sessions with a Marriage and Family Therapist, all information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. *Those situations include but are not limited to:* (1) When there is reasonable suspicion of abuse to a child, dependent or elder. I am required by law to make a report to Adult Protective Services or Department of Children and Family Services in California. (2) If one of you pose an imminent danger to yourself, your partner, or a third person, I am allowed to disclose information to law enforcement personnel or hospital staff to keep you safe and coordinate care. (3) When disclosure is required pursuant to a legal proceeding. On occasion, it may be beneficial to your situation to consult other professionals about your case. During such consultation, I make every effort to protect your identity. The consultant is also legally obligated to keep the information confidential.

**Electronic communication:** Protected health information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as a diagnosis, treatment, or billing. By signing this consent form, I authorize Jennifer Shtrum, MA, LMFT to release PHI to emails, answering machines, and text messages. I understand electronic communications are not a confidential medium for transmitting health information.

Jennifer Rouso Shtrum M.A. L.M.F.T.  
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Licensed Marriage and Family Therapist #46038



**Court proceedings/subpoena of records:** As a Marriage and Family therapist, I do not provide services in contemplation of legal proceedings. It is my policy NOT to become involved in court proceedings including child custody evaluations. In the event that you choose to subpoena me to appear and/or testify in court, and/or a deposition, regardless of the nature of the case, you agree to pay a flat non-refundable fee of \$2,000.00 at the time the subpoena is served, which ensures my commitment to half-day. Additional required court time will be billed at \$350.00 per hour. The time spent preparing, copying, and mailing documents including records, letters, and reports will be billed at \$350 per hour. Again, Jennifer Shtrum, MA, LMFT shall not testify in any Court proceedings and the Parties agree not to call or subpoena Jennifer Shtrum, MA, LMFT to testify at any Court proceedings, nor to produce any document obtained or prepared from any session.

**Consent for treatment:** I voluntarily consent for Jennifer Shtrum, MA, LMFT #46038 to provide evaluation and treatment as an outpatient therapist on a continuing basis as she may decide is advisable or necessary. If I am advised that such treatment should include physical, neurological, or psychiatric examination, I agree that I shall request the same from my private doctor.

**Discharge:** All discharge planning should result from cooperative discussions between my therapist and myself. Discharge dates and treatment plans are reviewed at least quarterly and involve input from the client and significant others when appropriate.

**In the case of a life threatening emergency, call 911 or go to the nearest emergency room for immediate assistance.**

**I understand that it is my right to accept, refuse, or stop services at anytime. I understand all of the above and am interested in participation.**

I certify by my signature below that I have read, fully understand, and agree to abide by the stated policies.

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Signature of Client

Print name

Date of Birth

Date

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Signature of Therapist

Print name

Date

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