LIZA CHAPMAN, M.A. LMFT
#51946
Marriage and Family Therapist
Mailing address:
4460 Redwood Hwy, Suite 16-338
San Rafael, CA 94903
#51946
(415) 519-1681

INFORMED CONSENT / OFFICE POLICY DECLARATION

INTRODUCTION

This agreement in intended to provide _____ (herein "patient") with important information about the practices and policies of Liza Chapman (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns about the contents of this Agreement should be discussed with the Therapist prior to signing it.

THERAPIST BACKGROUND AND QUALIFICATIONS

Therapist received MA in Counseling Psychology from Pacifica Graduate Institute which emphasized depth psychology, peculiarly the Jungian orientation. Therapist received training on the Childhood Trauma Team at Family Service Agency of Marin where she specialized in children and trauma. She worked as the ERMHS counselor of The Miller Creek School District for two years, and was the lead school counselor at Lucas Valley Elementary. Her current approach includes several models including expressive arts, short term solution focused work and psychodynamic.

RISKS, BENEFITS & TERMINATION POLICY

It is understood that there is an expectation to benefit from psychotherapy, but there is no guarantee that this will occur. It is understood that psychotherapy may result in changes in my relationships. Frequency and type of treatment will be determined in collaboration with Liza Chapman. I understand that maximum benefit will occur with consistent attendance.

Therapist reserves the right to terminate therapy at her discretion, for reasons including but not limited to untimely fee payment, noncompliance with treatment recommendations, conflict of interest, failure to participate in therapy or Patient needs to be seen outside Therapist's scope of practice or competence. Patient also has right to terminate therapy at his/her discretion. It is recommended that patient attend at least one termination session to best insure a positive termination experience, and or offer appropriate referrals to client.

PAYMENT

FEES: $170.00 for 50 minutes

Payment for services rendered is due in full at the beginning of each session. Therapist is able to see a small portion of clients on a sliding scale. The agreed upon fee between Therapist and Representative is ($170), or other agreed upon fee _____. All fees may be raised periodically, all patients will be given a least 30 days notice for increase of fees. Telephone Calls: Any phone call longer than 10 minutes will be charged at the regular rate.

INSURANCE
Therapist currently does not bill any insurance companies directly. A copy of your bill can be provided upon request for patient to submit to his/her insurance company.

CANCELLATION
Patient is responsible for payment of the agreed-upon fee for missed ("no-show") session (s) or any sessions (s) for which the patient failed to give Therapist at least 48 hours notice of cancellation. Cancellation should be left on voice mail (415) 519-1681.

CONFIDENTIALITY
All information disclosed within sessions, including that of a minor, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances: When there is reasonable suspicion of child abuse or abuse to a dependent or elder adult, When the client communicates a threat of bodily injury to others, When the client is suicidal and when disclosure is required pursuant to a legal proceeding.

PROFESSIONAL CONSULTATION
Therapist regularly seeks clinical/ ethical / legal consultation with appropriate professionals. In such consultations, Therapist does not reveal any personally identifying information regarding Patient (s).

TELEPHONE AND AFTER HOURS COVERAGE
Patients may leave a confidential message at (415) 519-1681 and it will be returned within 24 hours. If you are in a crisis situation and in need of immediate assistance, please contact Psychiatric Emergency Services in Marin at (415) 499-6666 or dial 911.When Therapist is out of town, another qualified professional will be available to Patients.

I HAVE READ AND UNDERSTAND THE ABOVE OFFICE POLICIES AND CONSENT TO TREATMENT.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____