



Informed Consent for Psychotherapy

Individual, Couple, Group and Family

This document is to inform you of all possible contingencies that may arise in the course of psychotherapy. Please check to be sure that you have read, understood, and asked any questions that you may have regarding its contents.

Information About Your Therapist:

Sarah McClaran, MS, Licensed Marriage & Family Therapist

LMFT 99759 Issued by the state of California Board of Behavioral Sciences

Information About This Practice:

The name of this practice is: Bloom Counseling Orange County

This practice operates under a fictitious business name

The individual therapist who operates this practice is Sarah McClaran, Licensed Marriage and Family Therapist 99759

This practice is a Licensed Marriage and Family Therapist S-Corporation

Fees:

The fee for services are as follows, reduced fee services are available on a limited basis.

\$175 per individual therapy session (55 minutes)

\$260 per individual therapy session (90 minutes)

Fees for telephone contact are as follows:

First 10 minutes: Free

11 to 30 minutes: Half of the hourly fee

31 to 50 minutes: Hourly fee

Fees are payable at the time the services are rendered and may be adjusted as circumstances change. If you prefer, you may pay for future sessions in advance. Cost of living increases may occur on an annual basis. Interest may be charged on accounts past due. Regular rates will apply for any document preparation, court work, or testing. Please ask me if you wish to discuss a written agreement that specifies an alternative payment procedure. If for some reason you find that you are unable to continue paying for therapy, please discuss with me, I will help you consider any options that may be available to you at that time.

Check, cash, and credit/debit card are accepted for payment. **Checks are payable to Sarah McClaran, Licensed Marriage and Family Therapist, Inc.** Returned check fees apply. Account statements will be provided to you upon request.

Insurance:

Please inform me if you wish to utilize health insurance to pay for services. If I am a contracted provider for your insurance company, I will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of co-payments or deductibles depends on the requirements of your specific insurance plan. Insurance companies generally limit coverage to certain diagnosable mental conditions. Please understand that you are responsible for verifying and understanding the limits of your insurance coverage, as I am unable to guarantee whether your insurance will provide payment for the services provided to you. While I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with me.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you must notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours' notice in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or canceled sessions. Exceptions may be made in cases of extreme illness or emergency.

Therapist Availability & Emergencies:

I am available for regularly scheduled appointment times. Dates of vacations and other exceptions will be given out in advance, when possible. Telephone contacts between office visits are welcome, however, I believe that important issues are better addressed within regularly scheduled sessions. You may leave a message for me anytime on my confidential voicemail. If you wish for me 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. Non-urgent phone calls are returned during the therapist's normal workdays 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. Please note that you may be charged, as outline above, for phone calls that are longer than 10 minutes in duration.

In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

I am available to return messages at these times:

Monday – Thursday: 9:00 AM – 3:00 PM

Please note the following resources that are available in the local community to assist individuals who are in crisis:

Crisis Assessment Team (CAT): (866) 830-6011

OC Links: (855) 625-4657

Suicide Prevention Lifeline: (800) 273-8255

Domestic Violence Lifeline: (800) 799-7233

NAMI WarmLine: (714) 991-4612

Therapist Communications:

There may be times that I need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

☐ My therapist may call me on my cell phone at ____.

Can we leave a message ☐ Yes ☐ No

☐ My therapist may send a text message to my cell phone at ____

☐ My therapist may call me on my home phone at: ____.

Can we leave a message ☐ Yes ☐ No

☐ My therapist may call me on my work phone at ____.

Can we leave a message ☐ Yes ☐ No

☐ My therapist may communicate with me by e-mail at ____

☐ My therapist may send a fax to me at ____

☐ My therapist may send mail to me at my home address: ____

☐ My therapist may send mail to me at my work address: ____

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication, I will respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop, or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You may be charged for the time I spend reading and responding to e-mail or text messages.

Confidentiality:

All communication between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. 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, you must 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 or her when working with other members of your family.

There are some exceptions to the limits of confidentiality, which apply to the following situations:

1. There is suspected child abuse, elder abuse, or dependent adult abuse.
2. Tarasoff” and “Ewing” situations in which serious threat to a reasonably well-identified victim is communicated to the therapist.
3. A threat to injure or kill oneself is communicated to the therapist.
4. You are required to sign a release of medical records by your medical insurance.
5. You are required to sign a release for psychotherapy records due to involvement in litigation or other matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights.
6. Clients being seen in couple, family, and group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. Secrets cannot be kept by the therapist from others involved in your treatment process.
7. I may, at times, consult with professional colleagues about our work without asking permission, but your identity will be disguised.
8. Clients under 18 do not have full confidentiality from their parents.
9. It is also important to be aware of other potential limits to confidentiality that include the following:
 - All records, as well as notes, on sessions and phone calls can be subject to court subpoena under certain extreme circumstances.
 - Most records are stored in locked files but some are stored in secured electronic devices.
 - Cell phones, portable phones, faxes, and e-mails are used on some occasions.
 - All electronic communication compromises your confidentiality.

Minors and Confidentiality:

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their children’s treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with the therapist.

About the Therapy Process:

I intend to provide services that will assist you in reaching your goals. Based on the information that you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

I will work with you to develop an effective treatment plan. Throughout therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input are an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

About the Relationship with the Therapist

Because of the nature of psychotherapy, the therapeutic relationship must be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a “dual relationship.” Therapy professions have rules against such relationships to protect us both.

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions. A therapist offers you choices and helps you consider what is best for you.

You should also know that therapists are required to keep the identity of their clients confidential. Therefore, if you have any particular preferences about public meetings, let me know, otherwise, I may ignore you when we encounter each other in a public place. I must decline to attend your family's gatherings if you invite me. Lastly, when therapy is completed, I will not be able to socialize with you like your other friends. In sum, my duty as a therapist is to care for you and my other clients, but only in the professional role of therapist. I am not permitted to give or to receive gifts from clients except tokens with personal meaning to the therapy process.

Notice to Patients:

The Board of Behavioral Sciences received and responds to complaints regarding services provided within the scope of practice of licensed marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Termination of Treatment:

The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some problem emerges that is not within the scope of competence of the therapist or if the therapist experiences the interaction as abusive. Clients have the right to terminate at any time, but the usual minimal termination for an ongoing treatment process is four to ten sessions and a satisfying termination to long-term work may take a number of months. The length and timing of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. We will discuss a plan for termination together as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefitting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral changing your treatment plan, or terminating your therapy.

Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need for psychiatric consultation during periods of extreme depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times.

Patients have the right to refuse or to discontinue services at any time and complaints can be addressed to:

Sarah McClaran

30767 Gateway Place, Suite 670, Rancho Mission Viejo, CA 92694

Commitment

Therapy is a significant investment of time and money. I encourage you to make a commitment to getting the most from your sessions by attending regularly and being open to the experience of making a change in the direction of your goals. Please feel free to ask any questions you may have about the therapeutic process.

Agreement for Psychotherapy

I have read this informed consent completely and have raised any questions I might have about it with my therapist. I have received a full and satisfactory response and agree to the provisions freely and without reservations.

I understand that my therapist is responsible for maintaining all professional standards outlined in the ethical principles of his/her professional association as well as the laws of the state of California governing the practice of psychotherapy and that she is liable for infractions of those standards.

I understand that I will be fully responsible for any and all legal and/or collection costs arising as a result of my contact with my therapist, including compensation at our agreed-upon rate for his or her time involved in preparing for and doing court work.

I understand that my therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment, I am giving consent to this process of professional contribution and the right to use disguised material without financial remuneration.

Client Name: _____ Client Signature: _____ Date: _____

Guardian Name: _____ Guardian Signature: _____ Date: _____

Therapist Name: _____ Therapist Signature: _____ Date: _____

Statement of the Therapist:

This document was discussed with the client and questions regarding fees, diagnosis, and treatment plan were discussed. I have assessed the client's mental capacity and found the client capable of giving an informed consent at this time.

Therapist Signature: _____ Date: _____