



INFORMED CONSENT

CONFIDENTIALITY

What is revealed in this setting is protected by legal and ethical standards. All material is confidential and is not released without your consent, except in certain instances. For instance, suspected child, adult, or elder abuse, danger to yourself or others, or some exceptions to privilege are exceptions to confidentiality.

OUR AGENCY

Counseling is provided by individuals who are in training to become licensed counselors and therapists. Supervision is provided by Gary Henderson, LMFT #7053, and Alexis Marson, LMFT #,80115 on a weekly basis. During supervision your information may be discussed between counselors and supervisors to better facilitate your care and for the learning process for the supervisees.

POLICIES

Fees are based upon a sliding fee scale. Fees and method of payment will be discussed at the beginning of treatment. Each session is 50 minutes unless changed by mutual agreement. We require a 24 hour notice to cancel a session. Failure to notify your counselor will result in you being charged the regular fee for that session.

PRIVACY PRACTICES

Sometimes we use electronic methods to communicate with you. This might include text, email, or virtual methods.

We have a legal duty to safeguard your personal health information (PHI) when we transmit information electronically. This may include information that can be used to identify past or present health conditions, the provision of health care to you, or the payment thereof.

PHI is disclosed when it is released, transferred, or is otherwise divulged to a third party. One use of PHI occurs when we share, examine, apply, or analyze such information within our practice. With some exceptions we may not disclose or use any more of your PHI than is necessary without your written authorization from you. If there is a breach of your PHI you will receive notification. You will also be notified of any changes in this agreement. You can request a copy of this notice or you can view it our offices.



COUNSELING PROCESS

Counseling is a joint process between your counselor and you. It is interactive and fluid. Like most human experiences, counseling is nonlinear. The process of growth depends upon many factors, including client motivation, severity of difficulties, and unique qualities of each person.

STATEMENT OF GOOD FAITH

Your fee for a counseling session is based upon a sliding fee scale. Your fee will be agreed upon by you and your counselor. Most clients will attend one counseling session per week, but the frequency of the sessions that are appropriate for your needs may vary. Based upon your fee of _____ per session your estimated cost would be _____ per 10 sessions. If you attend counseling for a longer period your total estimated charges will increase according to the number of visits.

This estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of visits. The number of visits that are appropriate in your case, and the estimated cost for those services is determined by you and your counselor.

COMPLAINTS

If you have a complaint, you may contact the Board of Behavioral Sciences at either their website, which is bbs.ca.gov or by telephone, which is (916) 574-7830.

EMERGENCIES – please call 911.

I have discussed this with my counselor and have been offered a copy of this document.

_____ Client

_____ Therapist

Date _____