**Informed Consent for Services**

Center for Integrated Care is a Marriage and Family Therapy Corporation. Our therapists consist of Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Associate Marriage and Family Therapist, Associate Social Worker, PsyD, etc. that provide individual, couples, group, and family therapy in order to assist in treating symptoms that may cause an impairment in personal, social, educational, vocational, and relational functioning. By signing below, the couple agrees to participate in therapy services and work towards the established treatment goal. We DO NOT provide medication support, prescription recommendation, or legal advice as these do not fall within our scope of practice. We also DO NOT participate in any legal court hearings or make any recommendations for court as this can affect the therapeutic process. The Couple and I (therapist) have the right at any time to cancel services. Couples therapy can also be terminated if either one of the partners is unwilling to continue services.

When entering into Couples Therapy we both understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals. We understand that the changes one or both of us makes will have an impact on our partner and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them. Couples therapy can be either focused on preserving and enhancing the relationship rather than on individual content. Also, if the couple agrees to move towards separation the focus will be on an amicable separation and/or co-parenting relationship.

**Scheduling/Cancellation Policy**

There is a minimum of 24-hour prior notice for cancellations. Any appointments missed without prior cancellation will be subject to a fee. More than 2 missed appointments without prior notification will be subject to termination of services. Sessions are usually once a week for 60-90 minutes, however they can be more or less frequent if needed. Both partners are required to attend the session. Therapist is able to be contacted by office telephone, however if they are not available you can leave a message on our confidential voice mail.

**Emergency/Safety**

In an emergency contact, 911, Access 1-800-854-7771, 1-800-SUICIDE, or proceed to the nearest hospital. For your safety and the safety of others, weapons or dangerous objects are not permitted on our premises and we reserve the right to ask that these be removed. Our obligation to provide a safe environment for patient care overrides the patient’s right to privacy.

**Financial obligations**

Therapy services are billed to Insurance or made at time of service (e.g. cash patients, co-payments). Non-covered service fees may apply for record requests, treatment letters, court appearances, consultation with other entities per clients/caregiver’s request and authorization, etc.

As all insurance plans vary there is no guarantee that therapy services will be covered. Should your insurance company decline reimbursement, you are personally responsible for all charges. Therefore, please contact your insurance carrier to ensure coverage prior to receiving services as we cannot ensure coverage due to complexity of some insurance plans. If your account has not been paid for more than 90 days and other arrangements have not been made, there will be late fees and we may take legal action to secure payments, which time, late fee, and legal fee costs will be added to the claim.

**Confidentiality**

Communication between therapist and couple will be kept confidential except for instances of court subpoena, potential harm to self or others, and child/elder/disabled abuse. Therapists are mandated reporters for child/elder/disabled abuse that will need to be reported to appropriate parties. Information can also be released upon couple's written consent. Another disclosure would be required if we should need to provide requested information to insurance companies for billing or continuation of services. Information can be shared to other service providers as well as supervisors for continuation of care or with other mental health professionals for case consultation purposes. Information can also be provided to seek legal means to collect for unpaid services, however it would only include information that is necessary. Information may be released without authorization if a request is made by an agent representing the Federal Bureau of Investigation under the Patriot Act (Section 215).

During Couples Therapy anything a partner shares individually with the Therapist whether by phone or in an individual session may be held confidential and not be shared with the other partner without the individual's consent, however the Therapist may suggest sharing that information to the other partner in order to meet treatment goals. It is to the Therapist discretion to disclose only necessary information if Therapist believes that it may cause harm to the relationship or termination of services. In situations where dependent children are involved, there are limits of confidentiality regarding access to records in child custody cases. The information that is shared in Couples Therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree that the Therapist is not in a position to testify for or against either partner or to provide records in a court action between the Couple.

**Disclaimer of Warranty:**

To the maximum extent permitted by applicable law, Center For Integrated Care is provided “AS IS” without warranties, conditions, representations or guaranties of any kind, either expressed, implied, statutory or otherwise, including but not limited to, any implied warranties or conditions of merchantability, satisfactory quality, title, noninfringement or fitness for a particular purpose. Center For Integrated Care does not warrant the operation of its offerings will be uninterrupted or error free. You bear the entire risk as to the results, quality and performance of the service should the service prove defective. No oral or written information or advice give by Center For Integrated Care authorized representative shall create a warranty. This disclaimer of warranty constitutes an essential part of the Service Agreement.

RIGHT TO ARBITRATE: In order to preserve the integrity and effectiveness of the therapeutic setting, the provider and patient agree that any controversy or claim arising out of, relating to, or resulting in any manner from interpretation of performance of the terms of this therapeutic relationship, will be settled by arbitration in accordance with the prevailing commercial arbitration rules of the American Arbitration Association or its successor, and that the judgment or any award rendered in arbitration will be ﬁnal and binding upon the parties and may be entered in any court having jurisdiction. Arbitration under this provision shall be the sole and exclusive remedy of these parties. Patient will submit a written request to arbitrate any such controversy or claim in accordance with the rules within six months of the event giving rise to the controversy, or the right to arbitrate any claim in connection with such controversy is waived.

**Appeals and Grievances:**

Patient understands that you have the right to request reconsideration or transfer of provider that can be made through your insurance or directly to the Center and that you risk nothing in exercising that right. Grievance forms/contact information can also be provided for your respective insurance carrier. You can submit your complaint/grievance to Center For Integrated Care at any time by contacting our center at 323-879-9176.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, clinical social workers, associate mental health counselors, professional clinical counselors, or psychologists. You may contact the Board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

**Receipt of Privacy Practices**

We acknowledge receipt of the HIPPA Notice of Privacy Practices by initializing here \_\_\_/\_\_\_.

I consent to email/text communication that is limited to scheduling, inquiry of services, billing, administrative items, and coordination of care and I understand the risks that not all electronic communication is secure, private, confidential, and safety cannot be guaranteed. Initials\_\_\_\_\_\_\_.

**We have read the above Agreement and Informed Consent for Services and we fully understand the terms and conditions and agree to comply with them as signed below.**

**This form was translated into \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and accepted/declined a copy.**

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**Partner name/Signature/Date**

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**Partner name/Signature/Date**

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**Therapist provider Signature/Date**