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## CLIENT HANDOUT

This is a handout to my new clients to help orient you to our work together, as well as answer some questions clients often ask about any therapy practice. It contains a lot of information hopefully it will be helpful to you, but some of it might seem overwhelming at this time. It is important that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This handout talks about the following in a general way:

- The benefits and downfalls of therapy
- The goals of therapy and my methods of treatment
- How long therapy might take
- The cost of my services and how I handle money matters
- Other important areas of our relationship

After you read this handout, we can discuss, in person, how these issues apply to your own situation. This handout is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of and we will discuss them at our next meeting. When you have read and fully understood this handout, I will ask you to sign it at the end. I will sign it as well, and you will receive a copy.

### ABOUT PSYCHOTHERAPY

“Counseling” and “Psychotherapy” are terms that are used interchangeably today. Individuals, couples, and families meet together with a therapist in a respectful atmosphere to discuss difficulties, problems, and issues the client is concerned about. Any question that is of concern can be brought to a therapist to discuss. Often people know something is wrong, but aren’t sure what it is. While there are some exceptions, therapists are bound by confidentiality and cannot give information about the client without a signed release of information.

The outcome of psychotherapy varies widely depending on what the client is seeking. Some people seek therapy for a specific problem, while some want to change and understand a more general personal feeling. I strongly believe you should feel comfortable with the therapist you choose, and feel hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office.

As we begin our work together, I want to have a picture in my mind of who you are as a person.

In the first few sessions I will take time to hear about your history, including family, school, relationships, health and work. I will also ask you about your goals for therapy, anticipating that you may have come for very specific reasons. At this point I will tell you how I see your case and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For

example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying.

### **LIMITATIONS OF THERAPY SERVICES**

As a Marriage and Family Therapist, I would like you to know that there are limits to the services that I can legally and ethically offer you:

- I do not give advice on legal matters, medical treatment, nutrition, finances, or any other profession.
- I do not perform custody evaluations or make custody recommendations to the Court.
- If you are in therapy with a partner or other family member, I do not generally “keep secrets” between family members, as I believe that may impair your progress in therapy.
- If you separate from a partner with whom you attend therapy, and one of you wishes to continue therapy with me, this must be mutually-agreed upon by the three of us. If this is not agreed upon, I can refer you to another therapist.

### **THE BENEFITS AND DOWNFALLS OF THERAPY**

As with any powerful treatment, there are some downfalls as well as many benefits that come along with therapy. You should consider both when making any treatment decisions. Therapy often feels good. Among other benefits you may experience over time, you may find relief from mental suffering, feel more aware of yourself and others, feel more effective in personal relationships and at work, increase your sense of fulfillment in life, experience enhanced relationships and self-esteem, and find a greater sense of wholeness or well-being, however you define that.

I will work with you to create a sense of safety and trust in therapy. Hopefully, this will help you feel involved, because the more you actively participate, the more benefit you’ll derive from therapy. Although I do not have the power to make you better, I want to support and empower you to help yourself feel better.

Therapy is a place to explore your thoughts, feelings, and choices in life, which can also feel like hard work. At times, it may involve some discomfort, including remembering and exploring unpleasant events, sensations, and experiences. The process may evoke feelings of sadness, grief, fear, frustration, or other feelings. Hopefully, these feelings will decrease over time.

Sometimes your goals in therapy may result in unanticipated outcomes, such as changes in personal relationships. Any changes you make in your relationships through this process are completely your own choice. Lastly, even with our best efforts, I cannot guarantee that therapy will meet your needs. In that case, I will work with you to find another therapist whose approach might work better for you.

## **LENGTH OF THERAPY**

Sometimes people wonder whether they will become too dependent upon me and never leave therapy. A related question is, "How long will my therapy last?" While it is difficult to predict how long your therapy will take, I've generally found that most of my clients begin to experience significant changes within six months to one year. While this may seem like a long time, keep in mind six months of therapy is less than three days' work (approximately 25hrs.). If you, in the equivalent of three days' work, can begin to take care of a problem that's taken anywhere from one to twenty years to develop, you're doing excellent!

Also, keep in mind that therapy is not something you do until all your problems are solved. Therapy is a place where you learn what your work is and then develop the skills and confidence to help you eventually be able to resolve your problems without therapy. When you begin to feel confident about this, you may be nearing the end of your therapy. This is called "termination". You and I will decide together when you've reached this point, and we'll discuss it. Ending therapy should not be done casually. If you wish to stop therapy at any time, I ask that you agree now to meet for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a "time out" from therapy to try it on your own, we should discuss this. We can often make such a "time out" be more helpful.

## **CONSULTATIONS**

If, you could benefit from a treatment I cannot provide, I will help you get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medications. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If another professional treats you, I will coordinate my services with them and with your own medical doctor.

If, for some reason, treatment does not appear to be beneficial, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if I feel my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

## **WHAT TO EXPECT FROM OUR RELATIONSHIP**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the Board and Behavioral Sciences. In your best interests, the BBS puts limitations on the relationship between a therapist and a client, and I will abide by these. Let me explain these limitations, so you will not think they are personal responses to you.

State laws and the rules of the BBS require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this handout. However, in my practice, I try not to reveal my clients' identities. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello, or acknowledge that we know one another. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Finally, in your best interest, and following the BBS' standards, I can only be your therapist. I cannot have any other role in your life. I cannot now, or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during or after the course of therapy. I cannot have

a business relationship with any of my clients, other than therapy.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings. As your therapist, I will not celebrate holidays or give you gifts. I may not notice or recall your birthday, and may not receive any of your gifts eagerly.

## **ABOUT CONFIDENTIALITY**

I place a high value upon the confidentiality of the information that my clients share with me. The following was prepared to clarify the legal and ethical responsibilities regarding this important issue.

## **RELEASE OF INFORMATION TO OTHERS**

Personal information that you share with me may be entered into your records in written form. Other than me, no one has access to your personal file. In addition, I may not discuss your case with anyone without your written permission, nor tell anyone that you are my client.

If you participate in couples or family therapy, I 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 that information.

I may request or you may wish me to share information in your record with someone else, such as your physician or another therapist. You will first be consulted and asked to sign a form authorizing transfer of the information. Because of the often sensitive nature of information contained in records, you may wish to very carefully discuss the release of this material before you sign. The form will specify the information that you give me permission to release to the other party and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving me written notice.

## **EXCEPTIONS TO CONFIDENTIALITY**

- If you reveal to me active child physical/sexual abuse or neglect, or that someone you know who has behaved abusively in the past is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors.
- If you reveal to me active abuse (i.e. physical, sexual, fiduciary) of a dependent adult (18-64) or an elder (65 and older).
- If you make a serious threat of intention to physically harm another person, I am required by law to warn the intended victim(s) and notify the appropriate law enforcement agencies.
- If you are actively suicidal with the intention of killing yourself.
- If I receive an order from the Court by a judge to provide your treatment records.
- Please note that domestic violence is not reported unless witnessed by a child. However, if you are involved in domestic violence, I encourage you to take safety precautions for you and your family members.
- There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.
  - a. When I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, the same laws and rules bind this therapist, as I, in order to protect your confidentiality.
  - b. I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep

your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

In summary, I will make every reasonable effort to safeguard the personal information that you share with me. If you have any questions about confidentiality, please feel free to discuss them with me.

## **APPOINTMENT**

Please try not to miss sessions if you can possibly help it. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. I may or may not send you a reminder of your appointment. If you are unable to keep an appointment, please give me at least two days' notice and telephone my voicemail number at (916) 585-3034. Please be sure to confirm your next session for the following week, even if you have a standing appointment. If necessary, do this in a follow-up call to my voicemail. You can also request an alternate appointment time for the same week. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a week in advance.

If an appointment is cancelled or missed without 24 hours of notice, you will be charged the full agreed fee for the scheduled session. This includes "late cancellation" (less than 24 hours notice) and "no show" (no notice prior to beginning of session).

Sometimes parents will want to bring their infants or young children to a session because they have been unable to arrange child care. I discourage this because bringing them into session is often distracting to our work.

## **EMERGENCIES and CRISES**

In the event of an emergency, for example, thinking of or planning to kill yourself or physically harming someone else, being physically abused or threatened, experiencing a panic attack, symptoms of psychosis, or any other situation in which you feel out of control, I expect you to call me immediately, regardless of the hour, day or night. My work number is 916-585-3034. **If you feel at high risk, you should immediately call the police at 911 or a crisis line. Please do not delay calling emergency services while you wait for me to call you back!** Please do, though, leave your message and a number(s) where I can reach you. Please do not use e-mail to communicate an emergency or crisis.

## **SUICIDE and CRISIS LINE**

**916-RESPITE or (916) 737-7483**

## **FEES, PAYMENTS, and BILLING**

**My standard fees are: \$110 per 45-minute session  
\$130 per 60-minute session  
\$140 per 55-minute session (Couples)**

Your therapy session also includes the time necessary to make your payment and schedule your next appointment. In order to maximize our time in session, please have your payment ready. In addition, time that I spend on the telephone with you or others on your behalf is a billable expense after 10 minutes, which is prorated at my regular rate. This also applies to any written statements you request me to write on your behalf.

**Agreed Fee:** This is the Standard Fee, unless I consent to a discount in writing or if client is paid for by an insurance or other Third-Party Payor (TPP).

**Extended sessions:** Occasionally it may be better to exceed the original time of session, rather

than stop or postpone work on a particular issue. When this extension is more than 5 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

**Other services:** Charges for other services, such as hospital visits, consultations with other therapists, home visits, school meetings, or any court-related services.

**Third-Party Payors (TPP)** (Employee Assistance Programs (EAP), Fee-for-service plans, Managed Care Plans, Victims Assistance, etc.): You must have authorization from your insurance provider prior to our initial meeting and you are responsible for your co-pay at the start of the service. In the event that your insurance does not reimburse me for your sessions, you are responsible for the payment of my standard fee. At your request I can provide you a “Superbill” receipt, and you may seek reimbursement for any coverage that you may have. If TPP requires a CMS-1500 claim form to be submitted by the provider, this office will be able to send such form by your request.

**Responsibility for payment:** The client (or referring parent in the case of minors) is responsible for payment of professional fees. Fees for services are due at the time services are rendered at the start of the service.

**Refunds:** Once a service has been provided, no refunds are offered.

**Forms of payment:**

**Cash** is paid **at the start of session**. *Please note:* I do not keep cash in the office, so if you require change, this will be applied to your account balance and deducted from your next appointment’s fees.

**Check** is paid **at the start of session**. Checks made payable to “Visualize Your Life Counseling” or “Brandi Garner”. Personal checks must have a physical address, along with your driver’s license # and expiration date. For each returned/bad check, a \$25 fee will be applied to your account balance in addition to balance owed. After your check bounces once, you will no longer be allowed to use check as a valid form of payment and instead must use another approved method.

**Credit Card** is paid **at the start of session**. The following credit cards are accepted: Visa, American Express, MasterCard, and Discover. This form of payment requires the card holder to sign a *Credit Card Authorization Form* with a photocopy of card holder’s State identification card or driver’s license. The office may have a terminal to swipe the card in the office, and in the event it is not available, I will process the payment after the session.

I appreciate very much the opportunity you’ve provided me to be of service to you. If you have any questions, concerns or suggestions regarding any aspect of my practice, please discuss them with me. I look forward to receiving your comments and will gladly answer your questions. If you are satisfied with my services as we proceed, I would gladly appreciate the referral.

## OFFICE POLICIES, CONFIDENTIALITY AND CONSENT TO TREATMENT

“I acknowledge that I have read, understand, and been given a personal copy of the therapy handout. I understand the potential risks of therapy, the limitations to therapy services, limits to confidentiality, the fee schedule, my payment responsibilities, cancellation policy, and what to do in an emergency or crisis. I agree to follow these and other perimeters of counseling, as described in the handout.”

Client's Printed Name	X _____ Client's Signature	Today's Date
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Client's Printed Name	X _____ Client's Signature	Today's Date
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-----if applicable-----

Legal Guardian's Printed Name	X _____ Legal Guardian's Signature	Today's Date
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Legal Guardian's Printed Name	X _____ Legal Guardian's Signature	Today's Date
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I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date