

Michael Karp, MA, LMFT

Marriage & Family Therapist

WELCOME

Information & Agreement

This paper is designed to provide you with information about counseling and some of the things we can expect from each other should you decide to begin counseling with me. If you have any questions about this information, please do not hesitate to ask me.

My Qualifications

I am a California licensed Marriage and Family Therapist (Lic. MFC16939) and Professional Clinical Counselor (Lic. LPC158), in private practice since 1982. My other work experience includes providing counseling services for adults and children and their families through government funded public agencies. In addition, I sometimes teach psychology to university students as well as to the general public. I hold a masters degree specializing in clinical psychology from the State University of New York. I am a member of the professional organization, *California Association for Marriage and Family Therapists*.

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 are expected to notify your therapist at least 24 hours in advance of your appointment. If you do not provide your therapist with at least 24 hours' notice in advance, you may be responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

What Happens in Counseling/Therapy?

Our counseling will mostly consist of you and I cooperatively talking about your concerns. To be successful, it is important that you are as open and honest as possible. With more information, we can better understand your situation and find ways to improve it. In addition to talking, I might offer suggestions that could speed-up and deepen your progress. I will carefully explain any technique or referral and you can always decide whether or not to use it. Side-effects are sometimes part of counseling. This is rare and usually brief. Please inform me if you notice any troubling changes so that we can work to minimize them.

For my patients' privacy, I do not release information to third parties for evaluations concerning legal disputes (ie. lawyers, court officials, judges). However, I do respond to subpoenas as required by law.

Fees and Payment

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 bill your insurance directly. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are ultimately responsible for verifying and understanding

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the limits of your insurance coverage. Although 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.

If for some reason you find that you are unable to continue paying for your therapy, you should inform me. I will help you consider any options that may be available to you at that time.

Finally, I may charge an additional fee for reports or letters that I prepare and send, on your request, to another person or agency. This includes preparation time in response to subpoena's and legally required testimony at a deposition or court of law.

Participation

Keeping regular appointments is very important in order for your counseling to be successful. If you are unable to keep your appointment, please notify me as soon as possible so that I can schedule someone else during your time. You might be charged your regular fee if you do not notify me of your intent to cancel at least 24 hours prior to your scheduled meeting. If you arrive late, the time that remains in your scheduled session will be at your disposal.

If you find that the methods we are using in your counseling are not helping you or are not to your liking, please let me know. This will give me the opportunity to either explain them to you better or try a different method that might suit you better. The decision to enter and leave counseling is, ultimately, left to you. If you decide to leave counseling, I recommend discussing this in session.

Termination of Therapy

The length 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. It is a good idea that we plan for your termination together. I will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan or methods, or terminating your therapy.

My Availability and Emergencies

You are welcome to phone me in between sessions. However, as a general rule, it is my belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for me at any time on my confidential voicemail. If you wish that I 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 my normal workdays within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided on my voicemail. 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. Please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

You should be aware that I am generally available to return phone calls within the same day or up to approximately 24 hours. If it is not an emergency, I will be unlikely to return calls after 9pm or on holidays or weekends. **If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail message. If your call is indicated as urgent, I will attempt to call you back sooner. A telephone call or Voicemail will catch my attention sooner than a text or e-mail.**

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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.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Crisis Hotline: **((888)724-7240)**

Teen Crisis Hotline: **800-852-8336**

Drug Strategies: 800-559-9503

Alcoholics Anonymous 760-758-2514

Therapist Communications

Your therapist may need to communicate with you by telephone or other means. Please name your preferences below along with the corresponding address or number.

Confidentiality

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child abuse, dependent adult, or elder abuse. Therapists may also be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask me to address any questions or concerns that you have about this information before you sign.

Name of Patient

Signature

Date