

Jennifer Davis, MA, MFT
Profound Impact Therapy

MFC# 49934

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AGREEMENT FOR SERVICE / INFORMED CONSENT

INTRODUCTION

This Agreement is intended to provide important information regarding the practices, policies and procedures of Profound Impact and Jennifer Davis, MFT (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and the Couple (herein “Client”). Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing.

PROFESSIONAL FEES

Fee for Couples/Family Counseling is \$160. Sessions are approximately 60 minutes. Fees are payable at the time of service. As part of my policies I keep a credit card on file in my secure online system for all clients. This credit card will be charged the day of your appointment for our agreed upon session fee unless a 24 hour cancellation is provided or if we have other payment options arranged. By signing this informed consent you agree to keep a current credit card on file and agree to be charged for your sessions and any late cancellations or no show appointments.

CANCELLATION POLICY

Cancellations require 24-hour notice. Late cancellations and missed sessions are charged at the full fee.

RECORDS AND RECORD KEEPING

Therapist may take notes during session, and will also produce other notes and records regarding Client’s treatment. Should Client request a copy of Therapist’s records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Your records are maintained in a web-based system. What this means is your records are stored online in a secure, encrypted, HIPAA compliant system.

CONFIDENTIALITY

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a Client makes a serious threat of violence towards a reasonably identifiable victim, or when a Client is dangerous to him/herself or the person or property of another.

MINORS AND CONFIDENTIALITY

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

TELEMEDICINE

“Telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. The laws that protect the confidentiality of medical information also apply to telemedicine. However some possible risks may include: In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) which may infringe upon the clients allotted time; in addition, although unlikely, security protocols could fail, causing a breach of privacy of personal medical information.

INSURANCE

Therapist is not a contracted provider with any insurance company or managed care organization. Should Client choose to use his/her insurance, Therapist will provide Client with a statement, which Client can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

*In the case when insurance is accepted it is important to know private insurance or managed care providers do not cover missed appointments or late cancellations. Therefore, Client is expected to cover the contracted fee.

THERAPIST AVAILABILITY

Voicemail/Texting and Email are available at all times. If directly requested, therapist will make best efforts to respond within 24 business hours. All are confidential yet are not set up to provide emergency services and therefore, in the event of an emergency, you may call the Crisis Center at (800) 833-2900, phone 911 or go to the nearest emergency room.

ACKNOWLEDGEMENT

By signing below indicates that Client has read the information in this document and agrees to abide to its terms and the professional relationship.

Main Responsible Party(s)

_____ Date
Client Name (please print)

_____ Date
Signature of Client

_____ Date
Client Name (please print)

_____ Date
Signature of Client