

Tara Rappaport, LMFT

## INFORMED CONSENT FOR INDIVIDUAL OR COUPLES THERAPY

### Welcome:

Before starting your therapy, it is important to know what to expect and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey. Therapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness and emotional conflicts that keep you stuck in unwanted patterns. My approach to therapy is holistic, strengths based and empowering.

### Fees:

I, the client, agree to pay the stated fee by the method agreed upon with therapist. If I, the client, do not cancel my appointment at least 24 hours in advance, I agree to pay the full session fee. This practice of being charged for no-shows or late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which I cannot offer to someone else on short notice.

### Insurance:

I do not accept payment directly through health insurance plans. However, some insurance companies may reimburse part of your therapy expenses if you have out-of-network coverage for behavioral or mental health. Upon request, I am happy to provide you with a receipt and summary that you can include when filing an insurance claim with your insurance company. I do not accept responsibility for collecting payment from your insurance company and cannot guarantee that you will be reimbursed or that you will qualify for a reimbursable diagnosis.

### Confidentiality:

The information you share with me during therapy sessions is considered confidential information. As a therapist, I cannot reveal to third parties whether or not you are a past or current client of mine and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so. AS A MANDATED REPORTER, the limitations of this confidentiality do not include information regarding abuse of a child or elder. I am also able to break confidentiality if I believe you there is an immediate and identifiable threat to yourself or others.

I, the client, consent to the above terms and agree to initiate treatment with: Tara Rappaport, CA License # 90145

\_\_\_\_\_ Client Printed Name

\_\_\_\_\_ Client Signature

\_\_\_\_\_ Client Printed Name (couples therapy)

\_\_\_\_\_ Client Signature (couples therapy)

\_\_\_\_\_ Client Date of Birth

\_\_\_\_\_ Date