CLIENT(S) INFORMED CONSENT

1. About me

I am an LMFT. I am seeing you under my LMFT license unless otherwise discussed and agreed to in writing.

2. Fees and Session Length

The fee is payable 24 hours before the scheduled session and/or at the beginning of each session unless otherwise agreed upon. I accept cash, checks, Venmo, or credit cards (via Square invoice emailed 24 hours before the session). Checks should be made payable to Discover Me|Us Counseling Services. If paying by credit card the session fee is $5.00 more per session. There is a $25 fee for returned checks. Individual, couple, and family sessions are 53-60 minutes in length.

Rates per session:
Individual $175
Couple $195,
Family $225 (x3 or more persons)
Insurance Covered (CCHP, Aetna)
*Pending Kaiser NorCal/SoCal, CIGNA

3. Cancellations

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full fee is charged for missed appointments or no-show cancellations with less than a 24-hour notice.

Cancellation fee is due the morning of the canceled session. A bill will be invoiced and/or mailed directly to clients who do not show up for or cancel and/or cancel their appointment. Thank you for your consideration regarding this important matter.

If you need to cancel, leave a message via text, email, or on my voicemail at 925-457-9566.

4. Communication

You can leave a message on my voicemail at 925-457-9566 at any time. Indicate if you want a callback, or if you are leaving information only. I will do my best to get back to you within 24 hours. Phone calls between sessions are for scheduling issues and crises. I will do my best to help you with the crisis, but if you need more time than 10-15 minutes for the crisis we can schedule a session in person, or by phone in addition to your next scheduled appointment. If you are in crisis and cannot reach me, you can call the **suicide and crisis line at 988** or **800-833-2900**. While I keep all emails and text messages private, communication through email and text cannot be guaranteed to be confidential.

5. Confidentiality

All information shared between client and therapist is confidential and will only be shared under the following conditions.

1. **Duty to Warn and Protect**
   When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a suicide plan, the healthcare professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
2. **Abuse of Children and Vulnerable Adults**
   If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.
3. **Prenatal Exposure to Controlled Substances**
   Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
4. **Minors/Guardianship**
   Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.
5. **Insurance Providers** (when applicable)
   Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes the type of services, dates/times of services, diagnosis, treatment plan, description of impairment, the progress of therapy, case notes, and summaries

My signature indicates that I have read this statement and consent to treatment.
The fee agreed to is:

Client Name/Signature: _____ Date: _____
Client Name/Signature: _____ Date: _____
Therapist Name/Signature: Date: _____