

Informed Consent for Psychotherapy

(Individual, Couple, Group, and Family)

James A. Staunton, MFT, Psychotherapist

I am a licensed Marriage and Family Therapist, license number MFC43811. State and professional psychotherapy standards suggest that you be informed of possible contingencies that might arise in the course of short-and long-term therapy. Please check to be sure you have read and understood this Consent Form and discuss any questions you have with me.

Patient Name: _____ Patient signature: _____

What Is Psychotherapy?

Psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personality. Psychotherapy typically starts with an assessment of problem symptoms and behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health.

Self-knowledge is seen as an important key to changing attitudes and behavior. Therapy is designed to help clients of all ages understand how their feelings and thoughts affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. In therapy, the client has the opportunity to be deeply understood by the therapist and to view themselves more accurately and the way one relates to oneself and to others.

Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because elements of one's history of important affections and hostilities toward parents and siblings or significant others are often shifted onto the therapist and the process of therapy.

Psychotherapy can be relatively short-term (8-16 weeks) when the focus is limited to resolve specific symptoms or problem areas, or longer term if the treatment focus targets more pervasive or long-standing difficulties. When the client feels she or he has accomplished the desired goals, then a termination date can be set.

Note on Insurance Reimbursement: Upon verification of your health plan/insurance coverage and policy limits, your insurance carrier will be billed for you and I will be paid directly by the carrier. You will be responsible for any applicable deductibles and co-payments. Co-payments must be paid at the time services are rendered. If you are not eligible at the time services are rendered, you are responsible for full payment.

Note on Cancellations: A scheduled appointment means that time is reserved only for you, therefore I must hold you responsible for all regularly scheduled sessions *whether or not you are able to attend*. Should it be necessary for you to cancel an appointment, I must have 24 hour notice in order to waive the fee. Missed appointments for which I am not notified will be billed directly according to the scheduled fee or according to the rules of your health plan. Insurance will not pay for missed sessions.

Confidentiality:

All information between provider and patient is held strictly confidential unless:

1. Child abuse, elder abuse, or dependent adult abuse is suspected.
2. The client presents a danger to others or another's property.

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3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance.

Fees: The fee for service generally covers a 45-minute session and will be agreed upon in the first treatment session. The client will pay at the beginning of each session either an insurance co-payment, or in full for cash paying clients. Cost of living increases may occur occasionally.

Availability: The therapist is available for regularly scheduled appointment times. Dates of vacations and other exceptions will be given out in advance if possible.

Emergency Contact: If you need to make contact between sessions, leave a message with my office phone and your call will be returned. You may be charged for a telephone consultation of 10 minutes or longer. If an emergency situation arises, you may call the **Crisis Hot Line**, 24 hours a day at 1-(800) 479-3339 or call 911.

Termination of Treatment: The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some problem emerges that is not within the scope of competence of the therapist. The usual minimal termination for an ongoing treatment process is four to ten sessions but a satisfying termination to long-term work may take a number of months.

Consent for Treatment

I further authorize and request that my treating provider carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult, uncomfortable, or even emotionally painful. In addition, I understand that not all patients experience improvement from therapy, and that improvement can take a long time in some cases.

Medi-Cal clients only:

Therapist has reviewed with client the State Guide to Medi-Cal Mental Health Services and the grievance/appeal process at admission.

Client initials: _____

I understand and agree to all of the above information.

Patient (or parent/guardian) Name- *printed*: _____

_____ Date

Patient (or parent/guardian) Name- *Signature*: _____

_____ Date