

Client Information and Consent for Treatment

Psychotherapy can be a powerful, life-changing experience. Your commitment to your growth and progress will be the greatest determinant of how much you will benefit from therapy. As with many forms of treatment, there are no guarantees as to the outcome of your therapy. Therefore, it is important that you understand your rights and obligations as they relate to your therapeutic experience with me.

As a Licensed Marriage and Family Therapist, I'll work closely with you to relieve current suffering, resolve problems, and create better relationships with the important people in your life. By first taking the time to understand you and your experience, and then by helping you create new perspectives on yourself and your situation, we'll work together to help you attain new levels of freedom, happiness, and relational satisfaction. Once I understand things from your perspective, I'll facilitate the process of establishing new ways for you to make choices and change behaviors that reflect your deepest wishes. I believe this goal serves you better than my telling you what to do or simply offering advice on how to live or act. I will empower you to understand yourself in new and more effective ways so that the next time problems arise, you will be able to achieve your own solutions without turning to outside help. Although our main focus will be on your present situation, it is not uncommon to connect your current perspective and motivations to past experiences. When you more completely understand from where you're coming, you more easily arrive at where you'd like to be going.

THERAPIST BACKGROUND

As with any professional relationship, it is important that you have an understanding of the provider's qualifications and professional background. Therefore, in order to assist you in feeling more comfortable with your therapeutic experience, I would like to share with you some highlights of my career as a Marriage and Family Therapist.

I began counseling in 1998, and my experience has ranged from early childhood through late adulthood. The process of becoming a therapist is a rigorous one, and it involves intense training both in and out of the classroom. I obtained my Master's Degree in Counseling with an emphasis in Marriage, Family, and Child Therapy from University of La Verne, and after completing over 3000 hours of internship, I sat for and passed a series of board exams regulated by the Board of Behavioral Sciences (BBS). In addition, I have taken additional coursework leading to my certification as both a Sexual Assault Counselor and as a Trauma Response Specialist. Finally, due to my extensive training and background in trauma, I have earned recognition by the National Center for Crisis Management as a Board Certified Expert in Traumatic Stress (BCETS) and Board Certified in Bereavement Trauma (BCBT).

I have worked in a variety of therapeutic settings, from schools to counseling agencies to inpatient treatment facilities. I enjoy working with individuals, families, couples, and adolescents, and from time to time I facilitate therapeutic groups or psycho-educational workshops. I am trained to work with a broad spectrum of relationship-based problems, and I also have specialized training and experience in treating rape and sexual assault, parental bereavement (parents who have lost a child), and post-traumatic stress.

GENERAL GUIDELINES

You have come to therapy for a reason – you want to feel better about something, you want to stop worrying or lessen feelings of anxiety and/or sadness, or you want to improve your overall quality of life. Psychotherapy is a process of exploration and deconstruction. You will know that therapy is working when your negative symptoms begin to subside and you start to feel better. However, as we begin to

address these issues and explore their origins together, you may find that you feel worse before you feel better. This is actually a sign that therapy is working and we are making progress.

I encourage you to ask questions about therapy, including those about procedures, methods, and progress. I will answer all your questions to the best of my ability, treat you with respect, discuss your feelings, and explain things in ways that you can understand. The following information will hopefully answer some questions that you might have regarding the practice of psychotherapy. I believe that our work will be most helpful to you when you have a clear understanding of the goals and intentions of therapy.

- 1. APPOINTMENTS:** Psychotherapy can be a very healing experience, yet it must proceed according to a set structure for the benefit of all parties. An important part of that structure is to make therapy a priority. The industry standard is to attend therapy approximately one time per week. Should your situation warrant more frequent sessions, I will discuss with you my reasons for increasing the number of sessions. You have the right to keep sessions to one time per week if you so choose. Individual sessions run 45 minutes in length and couples/family sessions run 75-90 minutes in length unless otherwise indicated by the therapist.
- 2. FEE:** Currently my standard fee is \$165 for a 45 minute session (fee is prorated for longer sessions as outlined in a separate fee agreement). This fee is subject to increase once per year. I will notify you of any increase well in advance. *Payment is due at the start of each session* unless otherwise arranged. Acceptable forms of payment include cash, check, or credit card. Please have your check made out to "Stephanie A. Carson, MFT" before the session begins. There will be a \$30 charge for checks returned due to insufficient funds. Delinquent accounts are subject to being sent to collections, and any incurred costs shall be the sole responsibility of the client.
- 3. EXTENDED SESSIONS:** Occasionally, sessions can be laden with therapeutic material, and it might be better to go on with a session rather than stop or postpone the therapeutic work on a particular issue. If this extension is less than 10 minutes, there will be no charge for the additional time given to the session. However, if this extension goes beyond the 10-minute limit, I will notify you of this and you will be charged on a prorated basis (\$20 per each 5 minutes or portion thereof).
- 4. PHONE CONSULTATIONS:** There are occasions where telephone consultations may be suitable or even needed during the process of therapy. If so, I will charge you my standard session fee, prorated over the time needed (\$20 per each 5 minutes or portion thereof). Of course, there is no charge for calls about appointments or similar business. However, if our call happens to turn into more of a telephone consultation, I will alert you to this and ask that we either schedule a session for my office, begin a telephone consultation in which you will be charged, or end our call and continue at our next session.
- 5. INSURANCE PAYMENT/REIMBURSEMENT:** It is your responsibility to know the type of coverage you carry and the limits of that coverage. If I am a preferred provider with your insurance company, I will bill them as a courtesy to you. However, you are ultimately responsible for payment of services, and any payment not received by your insurance will be billed to you. Should your account become delinquent, you will be responsible for any collections costs and/or subsequent fees incurred in an effort to secure payment.

If I am not a preferred provider with your insurance company, or if my services are not covered by your policy, you have the option of filing for insurance reimbursement. It is the insured client's responsibility to do his/her own insurance billing. I will provide you with a super bill at the end of the month, which you can submit to your insurance provider. The insurance company then issues a reimbursement check to the policyholder. It is up to the insurance company as to whether they pay for services offered by a Licensed Marriage and Family Therapist. Regardless of reimbursement, clients are responsible for full payment at the time of treatment.

6. **HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS:** Your health insurance carrier might require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis the date and length of your appointments, and what services were provided. Often the billing statement and/or your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. While insurance companies claim to keep personal health information confidential, I have no control over the information once it leaves my office. Please be aware that utilizing insurance directly or indirectly (through the submission of a claim form or super bill for reimbursement) carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.
7. **CANCELLATION POLICY:** In order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Since scheduling of appointments involves the reservation of time specifically for you, *a minimum notice of 72 business hours is required for rescheduling or cancelling your appointment. My full fee will be charged for sessions missed without such notification.* Weekends do NOT count as business days and therefore are not considered to be part of the 72 hour cancellation notification. Please be aware that insurance companies do not pay for or reimburse missed sessions.

In addition, it is important that you arrive to your scheduled appointment on time. *Clients who arrive more than 15 minutes late to a session may be asked to reschedule their session and will be charged the full fee for the missed session.* This policy is strictly enforced as it is important for me to stay on schedule in order to best meet the needs of my subsequent appointments.

8. **TERMINATION:** Your therapeutic relationship with me continues as long as I am providing professional services to you, and until you inform me that you wish to terminate therapy or I notify you that therapy is being terminated. You have the right to end therapy at any time. However, it is important to have "closure" at the conclusion of therapy. This process of closure can take as few as several sessions or as long as several months, depending on the length and intensity of the therapy and the issues stirred by the process of concluding therapy. As with the entire therapy process, I view the closure phase as a collaborative and important aspect of our work together. Please feel free to discuss your thoughts and feelings about ending therapy with me at any time. Of course, should you choose to return to therapy with me in the future, the door is always open!

At times, termination can come before treatment goals are reached. Noncompliance with treatment recommendations might necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so we can resolve any possible differences or misunderstandings.

If during our work together I assess that I'm not effectively helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment. If treatment is terminated, I will give you referrals that might be of help to you. If you request it and authorize it in writing, I can talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay

for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

- 9. CONFIDENTIALITY:** All information disclosed within your therapy sessions, including case notes and records, will be treated as confidential and, under some circumstances, as privileged. No information will be revealed to anyone not present in therapy without the written permission of the client or a legally authorized representative, unless an applicable legal or ethical exception exists. However, I am required by law to report any suspected child, spousal, elder or dependent adult abuse and any situation where the client threatens violence to an identifiable victim. All actual or suspected acts of such abuse will need to be reported to the appropriate agency. The law also permits me to break confidentiality when you present a danger of violence to others or are likely to harm yourself unless protective measures are taken. In addition, disclosures may be required in certain legal proceedings and actions.

Some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being, or against him or herself, it is the therapist's duty to warn appropriate individuals of such intentions. Those warned may include a variety of persons such as: the person or family of the person who is likely to suffer the results of harmful behavior, the family of the client who intends to harm him or herself or someone else, associates or friends of those threatened or making threats, and law enforcement officials. Before informing anyone who should be warned, I will take all possible steps to share that intention with you, the client. Every effort will be made to resolve the issue with you so as to prevent such breach of confidentiality.

- 10. CONFIDENTIALITY OF E-MAIL AND FAX COMMUNICATIONS:** E-mail and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please keep this in mind if/when using these methods of communication. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. *Please do not contact me via e-mail or fax for emergencies.*
- 11. TREATMENT OF MINORS AS INDIVIDUAL CLIENTS:** When a client who is a minor is in individual therapy, the parent or guardian has the right to ask for information about the minor's therapy, and the therapist, acting in the best interest of the minor client, has the right to limit the amount of information disclosed. If the minor client is a participant in any legal proceedings that raise the protection of all client/therapist communications as "privileged," then no disclosure will be made of any of the content of the therapy except by a waiver of privilege, given in writing by the parent, guardian or other lawful representative acting on behalf of the minor client.
- 12. CONTACTING THE THERAPIST:** For routine or non-emergency calls between therapy appointments, clients can leave a message or contact the therapist by calling the office at (562) 696-3040. However, please understand that when in the office, I am typically with clients and will not always be available to take your call at that exact time. If your call is during my normal business hours, every attempt will be made to return it the same day, with the exception being on weekends and/or holidays. If a call cannot be returned the same day, all urgent calls will be responded to within 24 business hours and non-urgent calls within 48 business hours. *Please note that I am in the office on Tuesdays, Wednesdays, Fridays, and every other Saturday. The office is routinely closed on Mondays, Thursdays, every other Saturday, and Sundays.* If I am planning on being out of town or will be unreachable at any time, I will let you know in advance. I will also let you know who I have covering for me if I plan not to take or respond to phone messages during my absence.

If you have an emergency outside of office hours and need to contact me more urgently, please call me at the emergency number (this will be given to you during your initial session) and leave a message. Please understand that this number is for emergencies ONLY. All urgent calls will be returned within 24 hours. While I am not an on-call therapist, this number gives clients the ability

to contact me between sessions if needed or notify me of last-minute (less than 48 hour) appointment cancellations.

I typically do not charge for emergency phone consultations that are 5 minutes or less. However, if we spend more than 5 minutes in a week on the phone, if you leave more than 5 minutes of phone messages in a week, if I spend more than five minutes reading and responding to emails from you during a given week, or if I spend more than five minutes involved in case management or coordination of care, I will bill you on a prorated basis for that time (Fee is \$15 per 5 minute increment or portion thereof). If you feel the need for many phone calls and cannot wait for your next appointment, we might need to schedule more sessions to address your needs.

If an emergency situation does arise, please indicate it clearly in your message to me. *If your situation is an acute emergency and you need to talk to someone right away, call 911 or go to your local emergency room/psychiatric hospital.* In addition, I ask that you contact me within 48 hours of such an emergency so that we can schedule a follow-up session if needed.

- 13. THERAPIST'S OUT-OF-OFFICE POLICY:** On occasion, I will be out of the office on vacation or at a conference. In either of these situations, you will be given at least one week's notice of the intended absence, and should I be unreachable during this period, I will provide you with the name and number of a "back-up therapist" should you need to speak with someone before our next scheduled session. This therapist will be held to the same confidentiality policies to which I adhere, so please know that your privacy and case history will be protected.
- 14. CASE CONSULTATION:** In order to best meet your therapeutic needs, there might be times when I feel the need to consult another professional therapist or colleague about your case. Your name will NOT be used during these consultations, and the consulting therapist will treat the information that I present to him/her as confidential and privileged. If the information obtained from these consultations appears to be therapeutically beneficial to you, I will discuss this information with you so as to continue empowering you to meet your therapeutic goals. In addition, if you could benefit from a treatment that I cannot provide, I will assist you in finding a referral source. If another professional treats you as an adjunct to our therapy together, I will coordinate my services with him/her.
- 15. THERAPEUTIC RELATIONSHIP:** In order to protect your best interests, the Board of Behavioral Sciences (BBS), which is the regulation board for licensed Marriage and Family Therapists (MFT), has established certain limits on the relationship between a therapist and a client. First, I am a licensed MFT trained to practice psychotherapy – not law, medicine, finance, or any other profession. Therefore, I am not able to give you any professional guidance in any of these other areas. Second, state laws and the rules of the BBS require me to keep our relationship confidential. In an attempt to uphold this law and maintain your privacy, I want you to know that I will not acknowledge you outside of the therapeutic setting. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. Should you choose to waive your right to confidentiality by approaching me outside of the office, that is your choice; however, I want you to understand that I will not approach you first or attempt to say hello in any social or public situation. Third, in your best interest and in following the ethical guidelines set forth by the BBS, I can only be your therapist. This means that I cannot have any other role in your life. I cannot, now or ever, be a close friend or enter into any other type of relationship with any of my clients. As mentioned before, this is not in any way a personal reaction to you; rather, its sole intention is to uphold and protect the sacredness of our therapeutic relationship.

I hope that clarification regarding these issues contributes to your sense of comfort and safety regarding your therapy with me. I truly appreciate the chance you have given me to be of professional service to you, and I look forward to a successful relationship with you.

Read and agreed
Initials: _____

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Read and agreed
Initials: _____

CLIENT STATEMENT AND SIGNATURE OF CONSENT

With enough knowledge, and without being forced, I enter into treatment with this therapist. My signature below indicates that I have read, understand, and agree with the treatment guidelines outlined above.

Signature of Client Date

Signature of Client Date

Printed Name(s)

PARENT STATEMENT FOR TREATMENT OF MINORS

With enough knowledge, and without being forced, I give permission for my child to enter into treatment with this therapist. My signature below indicates that I have read, understand, and agree with the treatment guidelines outlined above.

Signature of Parent Date

Signature of Parent Date

Printed Name(s)

******IF INSURANCE IS PAYING FOR COUNSELING, PLEASE READ AND SIGN THE THREE LINES BELOW.******

Assignment of Benefits: I hereby authorize and direct my insurance company to pay insurance benefits directly to the provider of services, Stephanie A. Carson, M.S., MFT. I understand that I am financially responsible for all services provided unless specifically stated otherwise by my insurance company.

Signed: _____ Date: _____

Insurance Release: I hereby authorize the Provider of Services, Stephanie A. Carson, M.S., MFT to release information required by my insurance company.

Signed: _____ Date: _____

Read and agreed
Initials: _____

Primary Care Physician Release: I hereby authorize the Provider of Services, Stephanie A. Carson, M.S., MFT to exchange information with my primary care physician regarding my treatment.

Primary Care Physician: _____

Phone: _____

Signed: _____

Date: _____

THERAPIST STATEMENT AND AGREEMENT TO TREAT

I, the therapist, have met with the above client(s) and have informed him/her/them of the issues and points raised in this informed consent. I have responded to all questions, and I believe the client(s) fully understand(s) the policies and procedures of psychotherapy. I find no reason to believe the client(s) is/are not fully competent to give informed consent to treatment, and I agree to enter into therapy with the client(s), as shown by my signature below.

Stephanie A. Carson, M.S., MFT

Date

Read and agreed
Initials: _____