

Open-Minded Marriage & Family Therapy, PLLC

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at time, result in considerable discomfort. Remembering unpleasant event and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically names person/persons. Limitation of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a way, there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grace bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicion as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties' names in items #3 and #4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name.

Fees & Payment

A **reliable, working** credit card is required to be on file at all times for late cancellation/no shows and any charges related to the service whether it be a copay, out of pocket cost, or for document requests by the client, a doctor, school, and/or subpoena by a judge.

As per the cancellation policy, you will be charged \$125 for cancellations under 24 hour notice and no-shows.

Copay charge depends on your insurance coverage/benefits.

Out of pocket Intakes are \$150 for a 50 minute intake. Individual ongoing sessions are \$125 for 45 minute

session. Couple/family sessions are charged at \$150 for 45-50 minute sessions. Prices are subject to change at the sole discretion of Open-Minded MFT.

Outside Encounter

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate to not engage in any lengthy discussions in public or outside of the therapy office. By signing below, you acknowledge that you have read and understand the above information.

Signature

Date