



## **Informed Consent and Authorization for Psychotherapy**

Marriage and Family Therapists specialize in helping people with relational issues. I primarily practice *Cognitive Behavioral Therapy*, which we will discuss. I am also trained in other methods (e.g., *Multi-generational Therapy*, *Psychodynamic Therapy*) and will utilize conceptualizations and interventions from these as appropriate for your specific needs. You are free to ask questions at any time about my professional background, experience, education, and professional interests.

The purpose of initial assessment(s) and/or consultation(s) is to determine your needs and to help you decide which services and/or form(s) of treatment may be desirable. Should you choose to proceed, a positive outcome then becomes our mutual responsibility. This begins with your trust in, and commitment to, the treatment process and my commitment to address your questions and concerns as they come up during treatment. It also involves my commitment to you in helping you to develop balance in your thoughts, feelings, behaviors, and values.

In addition to being a clinical process, therapy involves a professional arrangement, regulated by laws, ethics, your rights as a client, and my standard business practices. Before therapy can begin, your agreement to the business practices described herein is required by checking the box next to each guideline, signing your initials at eight (8) specified places, and your signature on the last page.

**NOTE:** *If you are now, or have been, meeting with another therapist in the same modality of treatment (e.g., individual, couple, family), you must first formally terminate treatment with that therapist before I can begin providing services. Your signature below confirms that you are in compliance with this requirement.*



## **PAYMENT OF FEES**

California law requires that all fees are established and agreed upon before we can begin. Paying for therapy is often a very sensitive topic. We can discuss any concerns you may have about payment prior to commencement of treatment and may revisit payment concerns throughout treatment as needed.

My standard fee is \$120.00 per fifty (50) minutes for all treatment (e.g., initial assessment, face-to-face/telemedicine session). You agree to accept full responsibility for payment of all agreed-upon fees, which are due at the time of each appointment.

If you plan to bill your insurance company, please call your insurance company before we begin to determine the extent of your coverage for mental health services. You may also be responsible for any and all subsequent interactions with your insurance carrier. A superbill (receipt for fees paid, suitable for submission to your insurance company), will be provided at your request. If I am an approved provider with your insurance company, I will discuss with you your billing options. I make no guarantee whatsoever that your insurance company will reimburse you for these expenses. This section clarifies all fees and defines your financial responsibilities:

- My standard fee is \$120.00 per fifty- (50) minute session, payable each session and beginning at your first appointment. A \$15.00 returned-check fee will be assessed.
- Sessions are typically scheduled to occur one time per week at the same time and day, if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome.



- Canceling or rescheduling appointments requires a twenty-four- (24) hour notice by telephone at (626) 385-7284 or by email at appointments@danaepowers.com to avoid having to pay the full fee for a missed session. *Other forms of contact (e.g., web site/Facebook message) do not qualify as an approved form of cancelation.* For reasons we can discuss, I do not get involved in determining what constitutes an “emergency” in your life and payment for last-minute cancellations is required.
- Written communication and reports of any type are billed to you proportional to your hourly fee (e.g., If your hourly fee is \$120.00 for a fifty- (50) minute session, and a report takes me sixty (60) minutes, you will be billed \$144.00). *These services are generally not covered by insurance.*
- Telephone calls or voicemails, email communication, and web-based communication between us, for any reason, are billed to you proportional to your hourly fee (e.g., If your hourly fee is \$120.00 for a fifty- (50) minute session, and I spend three (3) minutes listening to a voicemail you’ve left me, you will be billed \$7.20). *These services are generally not covered by insurance.*
- Authorized telephone calls or voicemails, email communication, and web-based communication consultation(s) with anyone concerning your therapy will be billed to you proportional to your hourly fee (e.g., If your hourly fee is \$120.00 for a fifty- (50) minute session, and I spend twenty-five (25) minutes speaking to your attorney, you will be billed \$60.00). *These services are generally not covered by insurance.*
- Appearing at meetings or legal proceedings on your behalf is not covered by insurance and is billable to you at \$120.00 per hour for the entire time spent away from my office, including travel.

**Your initials here agree to the above section:**

***Payment of Fees:*** \_\_\_\_\_



## **LIMITATIONS & EXCEPTIONS TO CONFIDENTIALITY**

- Normally, everything we discuss will be held confidential. Unless you provide a signed authorization, I will not speak to, or correspond with, anyone about you.
- If you choose to break confidentiality in any way (e.g., sending me an e-mail, applying for insurance reimbursement, telling anyone about your therapy, using an analog cell-phone), I cannot control, or be held liable, for the outcome.
- California laws and professional ethics, including standards of practice, either mandate, or permit, therapists to break client confidentiality under certain circumstances. Some exceptions to confidentiality include situations in which there is reasonable suspicion that any of the following has ever occurred or is occurring now: (*Note that the following is a sample, and not a complete list of exceptions to confidentiality.*)
  - You present a danger to self or others
  - A child (anyone under 18 years-old), dependent adult (anyone 18 years-old to 64 years-old who is dependent on others for their care), or elder (anyone over the age of 65 years-old) is, or was, the victim of emotional, sexual, or physical abuse or neglect (including abandonment, forced isolation, fiduciary abuse)
- Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, I will exercise my professional judgment in discussing the treatment progress of a minor patient with the parent or caretaker.

**Your initials here agreeing to the above section:**

***Confidentiality Limits & Exceptions:*** \_\_\_\_\_



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## **MEDICAL, PSYCHIATRIC & PSYCHOLOGICAL EVALUATIONS**

- If medical, psychiatric, and/or psychological evaluation seems appropriate, we will discuss the nature of these evaluations and appropriate referrals will be provided. If the need for evaluation(s) by other professionals is established and you do not follow these recommendations, your therapy may necessarily be suspended or terminated.
- Certain medications are sometimes prescribed before and/or during the course of treatment. If you are already taking prescribed medications when therapy begins or you begin medication during the course of this therapy, your medication compliance may be a condition of treatment.

**Your initials here agreeing to the above section:**

***Medical, Psychiatric & Psychological Evaluations:*** \_\_\_\_\_

## **LIMITS OF COMMUNICATION**

- Every effort will be made to assist you, especially during crisis. However, there may be times when contacting you won't be possible. Therefore, you must agree to *first* call 9-1-1 or go to the nearest hospital emergency room for assistance at any time you suspect that you are in crisis.
- As a standard business practice, each appointment ends fifty (50) minutes from the scheduled start of the appointment, regardless of your arrival time. I am not able to extend sessions except in the case of a clinical emergency (e.g., client hospitalization needed).
- Correspondence sent to this office is retrieved at random, and several days may go by before mail is retrieved. My office hours vary randomly from day to day, and normally no one is available to sign for deliveries.
- Phone calls are retrieved from my voicemail at (626) 385-7284 at random intervals.
- At times, my other work settings (e.g., agencies, schools) do not permit me to receive or place telephone calls. Your 'Caller ID' or 'Call-Blocking' may also prevent my return calls.



- If I anticipate being unavailable for an extended period of time (e.g., on vacation, out of town), my voicemail will provide the name and telephone number of a colleague who you can call for assistance when I am not available.
- E-mail, fax, and web-based communications are not confidential methods of communicating. *Please keep this in mind when contacting me via these modes of communication or when requesting that I contact you or someone regarding your case.*
- I maintain very firm personal boundaries. You are welcome to interact with me professionally by visiting my office's website: [www.danaepowers.com](http://www.danaepowers.com), Twitter feed: DanaePowersLMFT, or Facebook page: [www.facebook.danaepowers.com](http://www.facebook.danaepowers.com). However, I will not accept personal communication of any nature, in any capacity (e.g., attempts to "friend" a personal Facebook presence). I reserve the right to terminate treatment if, for any reason, a client obtains my home telephone phone number or my residential address or makes attempts to connect with me in any other way on a personal level.

**Your initials here agreeing to the above section:**

***Limits of Communications:*** \_\_\_\_\_

### **TREATMENT TERMINATION**

If at any time during the course of your treatment I determine I cannot continue, I will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. Additional conditions of termination include:

- You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided and you will be asked to attend a final 'termination' session.
- Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit.



- Legal or ethical circumstances may arise which may compel me to terminate treatment. In these cases, appropriate referrals will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies or scope of practice.
- Other situations that warrant termination include, but are not limited to, regularly becoming enraged or threatening during session, bringing a weapon or illicit drug onto the premises, persistent drug abuse, arriving under the influence of drugs or alcohol, or disclosing illegal intentions or actions.

**Your initials here agreeing with the above section:**

***Treatment Termination:*** \_\_\_\_\_

### **RISKS ASSOCIATED WITH PSYCHOTHERAPY**

Although therapy begins with the hope that your life and relationships improve, there is no guarantee that this will occur. Like many things in life, psychotherapy has inherent risks. Some of these possible risks to you include, but are not limited to, experiencing:

- Disruptions in your daily life that can occur because of therapeutic changes
- Emotional pain due to exploring personal issues and/or family history
- Emotional pain within your current relationships

**Your initials here acknowledging the above section:**

***Risks Associated with Psychotherapy:*** \_\_\_\_\_

### **ARBITRATION**

You agree to submit any disagreement concerning services or complaints regarding breaches in law or ethics to binding arbitration under the auspices of the American Arbitration Association. You agree to pay any and all legal costs arising from complaints that are not fully validated by you, the arbitrator. You also agree to pay any other legal fees incurred by the therapist as a result of these sessions.

**Your initials here acknowledging the above section:**

***Arbitration:*** \_\_\_\_\_



**OFFICE ENVIRONMENT**

- Please turn your cell phone volume off, or to silent mode, and do not talk on cell phones in any part of the office, including restrooms. If you need to take/make a call while on premises, please step outside, closing the door completely behind you.
- Inappropriate language (e.g., swearing, yelling) will not be tolerated in the public areas of the office.
- Appropriate dress is required (e.g., no: swimsuits, bare midriffs).
- Please respect the confidentiality of others in the public areas of the office. It is inappropriate to ask others to share any personal information including, but not limited to: client/patient name, which professional they are here to see, and/or reason for their visit.

**Your initials here acknowledging the above section:**

**Office Environment:** \_\_\_\_\_

\_\_\_\_\_  
Client Name [*Printed*]

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Client's Representative\*

*\*Indicate Relationship to Client:* \_\_\_\_\_