ANDREA ANDES, M.A., LMFT

licensed marriage and family therapist 83892/203661

1213 North Goliad Street

Rockwall, Texas, 75087

310.493.7445

CONSENT TO TREATMENT for FAMILY or CHILD

I look forward to working with you and want to give you some important information about the services that you will receive. This will provide a clear framework for our work together and will facilitate our working relationship. Please feel free to discuss any of this information with me.

1. Confidentiality

California law strictly guarantees your right to a confidential relationship with me. As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said in any way that identifies you without your written permission. There are some instances however, in which your right to confidentiality must be set aside as required by law or professional guidelines. These include the following:

a. Instances of suspected abuse or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services agency.

b. If I have reason to believe that you as a client pose an imminent danger of violence to another person, I must take steps to protect whomever may be in danger.

c. If a court has ordered your treatment with me, or if I am served with a subpoena, I may be required to release information to the court, or may have to appear in court.

d. If you as a client reveal a serious intent to harm yourself, or if you become unable to care for yourself such that you become a danger to yourself, I am ethically bound to do what I can to help keep you safe, which may involve notifying others who may be of help.

In all of the above cases, I would release only that information necessary to appropriately carry out my responsibilities. Your confidentiality remains an ethical priority.

2. Releasing Information to Other Professionals

a. As a Marriage and Family Therapist, I may from time to time consult with other licensed or prelicensed mental health professionals for the purpose of education. The purpose of such consultation is to ensure that you receive the highest quality treatment.

b. If you are entitled to receive benefits under your insurance plan, I may be required to provide them with information about the nature of your problem and the anticipated course of treatment. In such a case, I would need to request your permission in writing to contact your insurance company. If you choose to use your insurance, a third-party billing service may be used, and your release would be needed to allow them to process your claims.

c. There may be circumstances in which I need to consult with other professionals, such as your physician, regarding your care. In such cases, I will request your written permission to do so.

3. Sessions

Your appointment time is reserved for you. Individual sessions are normally 50 minutes. If you must cancel your appointment, you must do so with at least 24 hours advance notice, otherwise you are responsible for paying for your missed session. Insurance companies and managed care groups do not normally reimburse for missed sessions.

4. Payment for Services

We have agreed that your fee will be _____. You are responsible for payment at the time of each session unless another arrangement has been made. Uncollected fees for three or more sessions may result in an interruption in therapy until the amount is paid in full. Any longstanding unpaid balances may be referred to a collection agency. If this should become necessary, you will be notified in writing beforehand.

If you have insurance coverage, I can provide periodic statements for you to submit to your insurance company. If you choose, I can bill insurance for you through my billing service, for which a release will need to be signed. You are encouraged to check with your insurance company regarding limitations for mental health coverage, including number of sessions allowed and/or the type of mental health professional they will reimburse.

There will be a charge for telephone calls over 10 minutes in duration. The fee will be pro-rated according to your usual hourly fee.

5. Patient Litigation

In order to protect the sanctity of our working relationship, and your privacy, I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with patient attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in legal matters. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by the court of law to appear as a witness in an action involving you, I will request to be compensated for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate. You should be aware that in most cases, you will be waiving the psychotherapist-patient privilege if you make your mental or emotional state an issue in a legal proceeding. Please address any concerns you might have regarding the psychotherapist-patient privilege with your attorney before involving mental health information.

6. Client Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your therapy at any time, for whatever reason, without any obligation except for fees already incurred. You also have the right to question any aspect of your treatment with me, and to expect that I would work with you to meet your needs for adjunctive or alternative treatment. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

If your child is in individual treatment, you have the right to expect that I will communicate with you about your child's treatment. However, as the establishment of trust between your child and me is important for a successful therapeutic outcome, I ask you to keep in mind your child's need for privacy.

An effective child treatment requires parental involvement. If your child is seen in therapy, both parents may be asked to participate in the treatment. This may involve parent meetings in addition to the child's regular session times, or referrals for parenting classes or adjunctive treatments (such as family or couples therapy, or individual therapy for one or both parents).

7. Ending Therapy

You have the right to terminate therapy at your discretion. Upon a decision to terminate therapy, I will generally recommend that you participate in at least one, possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give us both an opportunity to reflect on the work that has been done. I may, at this time, also offer any necessary referrals to another therapist. I also reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, patient needs that are outside of my scope of competence or practice, or if there was not adequate progress in therapy.

8. Acknowledgement

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement, have discussed such terms and conditions with me and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with me as your therapist. Moreover, you agree to hold me free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Please feel free to ask questions or discuss any of this information with me. Your signature below indicates that you have reviewed and understood all of the above, and that you agree to these guidelines and to participate in therapy.

Therapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

I look forward to working with you and your family.

Name of Child: _____ Date of Birth:_____ Age:___

Parent Signature:_____ Date: _____
(or Legal Guardian)

Address _____ Phone _____

Parent Signature:_____ Date: _____
(or Legal Guardian)

Address _____ Phone _____

Emergency Contact: _____ Phone:_____