

Client Consent Form

INFORMATION FOR CLIENTS AND CONSENT FOR TREATMENT

Please read the following guidelines for services provided by me. If you have any questions feel free to discuss them with me. This is a statement of your rights and responsibilities as a valued client of Ilissa C. Banhazl, MS, MFT. Please take the time to read each point before signing this form. I want to make sure you understand my policies and procedures so that the therapy process will in no way be hindered.

I operate my professional practice with the commitment to provide high quality psychotherapy. As such, I am appropriately trained and am licensed as a Marriage and Family Therapist. If you have any questions concerning my particular training or areas of expertise, please feel free to inquire at any time.

CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions *are confidential* and may not be revealed to anyone without your written permission, except where disclosure is required by law. In the case of persons under 18 years of age, I will ask for a parent's written permission to release information.

When Disclosure Is Required by Law

Disclosure is required by law when there is reasonable suspicion of child, dependent, or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required

Disclosure *may* be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and family therapy or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I have been authorized to do so by all adult family members who were part of the treatment.

Confidentiality of E-Mail Communication

It is important to be aware that e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Please do not use e-mail for emergencies.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation

I consult regularly with other professionals regarding my clients; however, when this occurs, identifying information is never mentioned. Your identity remains completely anonymous, and confidentiality is fully maintained.

Your Right to Review Records

Both law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice.

Considering all the previous exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way.

Requesting Copies and/or a Summary for Insurance Purposes

There will be a \$25 fee for the above services.

THE PROCESS OF THERAPY/EVALUATION

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. My goal is to attend to your individual needs. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask you for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During the initial evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, or anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed.

Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

During the course of therapy, I may draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), or psychoeducational.

DISCUSSION OF TREATMENT PLAN

Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

PHYSICAL AND MEDICAL CONSIDERATIONS

Many psychological and emotional issues are related to physical problems. I recommend at the outset of therapy that you undergo a complete physical examination. You may wish to discuss this further with me.

SUBSTANCE ABUSE

Ingesting drugs or alcohol can inhibit our processing of therapeutic information. Therefore, I expect that you will come to each session without being under the influence of drugs or alcohol.

CLOSURE/TERMINATION

Our sessions together may end due to a decision on your part or mine. In psychotherapeutic treatment, the relationship is an important part of the process. Therefore, I find it most effective when we can plan for at least one session to do closure.

As mentioned, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy I assess that I am not effective in helping you reach the therapeutic goals, I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will 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, and if I have your written consent, I will provide this therapist with the essential information needed.

Unfortunately, therapy is not always successful. Sometimes the therapeutic relationship is not what was anticipated. Termination is available to you whenever you desire it. Hopefully, we will have a chance to discuss and work through this process when the time comes. If you choose to do so, I will provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS

Not all dual relationships are unethical or avoidable. Some non-sexual dual relationships are unavoidable and some can be clinically beneficial. Therapy never involves a sexual or any other type of dual relationship that could impair my objectivity, clinical judgment, and therapeutic effectiveness or be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with you, discuss with you the potential benefits and difficulties that may be involved in such relationships, and will discontinue the dual relationship if I find it interferes with the effectiveness of the therapeutic process.

TELEPHONE AND EMERGENCY PROCEDURES

I encourage you to schedule an office appointment to discuss important issues. Sometimes you may find it necessary to consult with me by telephone between appointments, and I am happy to respond to your calls. A telephone consultation lasting longer than 5-10 minutes is considered to be a session as previously described and will be billed on a pro-rated basis. This is also true if you ask me to contact another professional on your behalf (e.g., physician, teacher).

If you need to contact me between therapy sessions, please leave me a message on the answering machine at (626) 335-0903, and your call will be returned as soon as possible. If an emergency situation arises, please indicate it clearly in your message. Messages can be left at any time of the night or day. I check my messages and respond to calls between 8:00 AM and 8:00 PM weekdays. In the event that you are unable to reach me or have a late night emergency, you may call any of the following numbers:

Los Angeles County Rape and Battery Hotline	<u>(1) (310) 392-8381</u>
Child Abuse Hotline	<u>(1) (800) 540-4000</u>
Los Angeles County Domestic Violence Hotline	<u>(1) (800) 978-3600</u>
Alcohol and Drug Abuse Hotline	
Glendora Alcoholics Anonymous	<u>(1) (626) 914-1861</u>
Narcotics Anonymous	<u>(1) (800) 863-2962</u>
24- Hour Suicide Prevention Hotline	<u>(1) (310) 391-1253</u>
Local Trauma Center	
Foothill Presbyterian Hospital, Glendora	<u>(1) (626) 857-3170</u>
Los Angeles County Depart. of Mental Health Hotline	<u>(1) (800) 854-7771</u>
Police Department	<u>911</u>

VACATIONS

Frequently, when I am on vacation, I leave a colleague on call for me. Sometimes when I am away I choose to pick up my own calls. In that case, I usually call and check my answering machine 2-3 times a day.

PAYMENTS AND INSURANCE REIMBURSEMENT

Clients are expected to pay the standard fee of \$100.00 per 45-50 minute session at the end of each session unless other arrangements are made. There is a \$25.00 fee for returned checks that is equivalent to the amount the bank charges me. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise.

Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not the insurance company. Unless agreed upon differently, I will provide you with a copy of your receipt on a weekly basis, which you can then submit to your insurance company for reimbursement if you so choose. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

CANCELLATIONS

Because scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for rescheduling or canceling an appointment. Clients are charged the full fee for a missed session, or for canceling a session with less than 24 hours notice except in the event of an emergency. In the event you are late for an appointment, I will meet with you for the time remaining of your session.

MEDIATION AND ARBITRATION

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a mutually agreed upon neutral third party. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, California in accordance with the rules of the American Arbitration Association which is in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

CLIENT SATISFACTION

I do not expect any concerns to arise between us. However, if you feel dissatisfied for any reason, please discuss your concerns with me. If you are not satisfied with the way I resolve these concerns, you may contact the Board of Behavioral Sciences at 1625 N Market Blvd., Suite S-200 Sacramento, CA 95834 (916) 574-7830.

CONSENT FOR TREATMENT

I have read and received a copy of the above information and agree to abide by these guidelines. I hereby consent to my treatment. If I am bringing a minor for treatment, I have the legal authority to consent to the minor's treatment and hereby do so consent.

Client Name (print)	Date	Signature
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Client Name (print)	Date	Signature
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Therapist Signature	Date
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