

Sue Foster, M.A., LMFT 951-389-7597

Informed Consent

Introductory Information:

Thank you for your interest in receiving therapeutic services. I appreciate your trust and having the opportunity to work with you. Therapy is a commitment of time, money, and energy. Please take this time to review some of the policies and practices that guide this decision.

In my practice, I see individuals, couples and families. I hold a Master's Degree in Marriage and Family Therapy, and am licensed in the state of CA as a Marital and Family Therapist.

Client Agreement with Policies and Procedures and Consent to Treatment

The following information is provided to assist you in understanding policies and procedures at my office.

Appointments: I schedule my own appointments with my clients. Since clients are seen by appointment only, the appointment time given is reserved for you. Please give at least a 24 hour notice if you must cancel your reserved time. This allows me to schedule another client during this time.

You will be charged your usual fee for appointments that are not cancelled 24 hours in advance although extenuating circumstances are taken into consideration. You are responsible for any charge due to a missed appointment. If you have two or more no-shows, I will refer you back to your insurance company for a referral to another therapist.

Payment can be made with cash, check, or credit card, and I do accept some insurance.

Court involvement (preparation and appearance) will be charged at a rate of \$1,000.00 per day due to the nature of this service.

Part 1: Your Rights as a Client(s)

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of consent (which varies for different states/jurisdictions), all custodial parents have a right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and the therapist.
2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer. I cannot guarantee that their fees will be equal to or less than mine.

3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me if you make such a decision without consulting with me.

4. You have the right to review your records in the files at any time. I do not keep any "secret notes," so please do not ask me to do so.

5. One of the most important rights involves confidentiality. With the limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy, the therapist views the family/couple as a whole as "the client." Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present at any time during treatment.

6. If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.

7. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) If you threaten grave or bodily harm or death to another person, I am required by law to inform the police as well as the person threatened; (b) If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order; (c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; and (d) If you are in therapy by order of a court of law, the results of treatment ordered must be revealed to the court;

8. You have the right to know about the possible harmful results of therapy.

Initial: _____

Part II: The Therapeutic Process

Therapy will seek to meet goals established by all persons involved, usually revolving around specific presenting problems. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family and personal goals and values that may lead to a greater maturity and happiness as individuals and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy. However, there are limitations to any form of care offered to a client, and ultimately, clients are responsible for their own growth. There are no guaranteed outcomes. In working to achieve these potential benefits, however, therapy will require that firm efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense

feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.

Assessment, discussion of the presenting problem, setting goals for therapy, and the estimated length of therapy will be discussed in the first 1-2 sessions.

Part III: Fees

1. The fee for counseling was discussed with you at the initial phone interview. If you are using insurance, you may have a co-pay.

2. I agree to enter into therapy with Sue Foster. I agree to pay _____ for each 50-minute session. Payment is due at the beginning or end of each session (including co-pays), and no balance will be carried.

3. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation to complete any particular number of sessions. I am contracting only to pay for completed therapy sessions and those scheduled and not attended or those for which enough notice was not given (addressed in #3 above).

4. A 24-hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this will be solely my responsibility. If using insurance, this fee will be what the insurance pays plus the co-pay.

5. I understand that Sue Foster has the right to seek legal resources to recoup any unpaid balance. In pursuing these measures, she will only disclose biographical information and the amount owed, in order to ensure confidentiality.

6. By signing below you acknowledge having read, understood, and agreeing to these policies and procedures. Your signature acknowledges your informed consent for treatment.

Client Print: _____ Sign: _____

Date: _____

Client Print: _____ Sign: _____

Date: _____

Therapist: _____ Date: _____

Sue Foster MA, LMFT