

Client Informed Consent for Treatment by Michelle Myers, LMFT

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Education Information for Michelle Myers, LMFT:

I'm licensed Marriage and Family Therapist in the state of California – license number 44316 and I am credentialed in Pupil Personnel Services (School Counseling). I have two Masters of Science degrees from San Francisco State University, both in Counseling; one with a concentration in Marriage, Family, and Child Counseling and the other a concentration in School Counseling. I have two Bachelors degrees both from University of California Santa Cruz; one in Legal Studies and the other in Psychology. I also have an Associate in Arts degree in Business from Cabrillo College Santa Cruz CA.

Fees:

The fee for service is: \$80.00 per session for individual, family, or couple's therapy and \$1000 for 1st half day, \$500 for every half day thereafter for court testimony (most know prior to treatment if this is required). A session is 50 minutes and can be extended to 80 minutes for couples and families at a rate of \$120 per session. I can offer a temporary sliding scale fee for clients who are in a financial hardship.

Fees are payable at the time that services are rendered. A \$25 service fee is added for all returned checks. If you wish to discuss a written agreement that specifies an alternative payment procedure, please do so prior to session.

If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you consider any options that may be available to you at that time.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled weekly or bi-weekly (depending on need) at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to **notify me at least 24 hours in advance** of your appointment. *If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for the missed session.*

Please initial here to indicate your agreement with the fees, scheduling, and cancellation policies _____

Confidentiality:

All communications made in session will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. I maintain a "no secrets" policy with couples or family therapy. Individual therapy may be an option if a secret needs to be kept for safety reasons.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

Minors and Confidentiality:

Communications between therapists and clients who are minors (under the age of 18) *are confidential*. However, parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. Consequently, I may discuss the *treatment progress* of a minor client with the

Adult Client

date

Parent or Guardian

date