

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: \$90.00 per session for individual, family, or couple's therapy. A session is 50 minutes and can be extended as follows:

\$130.00 per 75 minute session

\$170.00 per 100 minute session

\$150.00 per hour for behavioral observations

\$150.00 per hour for letter/report writing

For Court Testimony \$1000 for 1st half day, \$500 for every half day thereafter (must know prior to treatment if this is required).

Sliding Scale/Reduced Fee:

I can offer a temporary sliding scale fee for clients who are in a financial hardship.

Reduced fee services are available on a limited basis. Discounts available for services paid in advance: 4 sessions prepaid = \$330.00

Sliding Scale fee is available on a limited basis for low income clients. Fees begin at \$35 per hour for individuals, \$40 for couples, and \$50 for families.

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.*

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

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

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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 parent or caretaker, but not details that would decrease trust between the minor and me. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic.

Therapist Availability/ Emergencies:

Telephone consultations between office visits are okay. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for me at any time in my confidential voicemail at (831) 466-3355. If you would like for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have a medical or psychiatric emergency, please call 911, the Santa Cruz Crisis Line at 831-458-5300 or Dominican Hospital Psychiatric Services 831- 462-7719.

About the Therapy Process:

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. Remember, therapy is a service that you purchase, and if you are not happy with the services received, it is your responsibility to make that known so we can discuss any hindrances to your progress. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or guarantee a specific outcome or result.

Termination of Therapy:

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination in collaboration with myself. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either you or I may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Signing on the right hand side indicates consent to work with all members of my family under the age of 18 and that this agreement will serve as “**Consent to Treat a Minor**”. Please ask if you have any questions.

Please initial here to indicate your agreement with the above policies

