

BASIC INFORMATION AND INFORMED CONSENT

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate _____

The following information has been written to familiarize you with the basic terms and conditions that promote a successful therapy experience.

About Therapy

Participating in therapy can help you learn new and important things about yourself and others as well as new and better ways of handling feelings or problems. While there are no guarantees, coming to therapy should help you feel better and produce beneficial results.

You know therapy is working when you feel less worried, afraid or anxious; problems are being resolved; relationships are improving or you are feeling better. You have the right to end therapy at any time. It is best to meet at least once before stopping therapy.

Under certain circumstances it may be beneficial to include family members or additional persons in therapy. I will always act in your best interest regarding whether or not to include additional persons in therapy sessions. No one will be included without your agreement and permission.

Therapist Qualifications

Your therapist is registered with the State of California's Licensing as a Marriage and Family Therapist.

Appointments & Fees

Therapy sessions consist of a 45-50 minute hour. Payment is due in full at the time services are rendered. The fee for your session is \$140.00. **Payments are to be made by check or cash at the time of service.**

If you need to change the date and time of your appointment, please do so at least 24 hours in advance or the full session fee is charged.

Insurance Reimbursement

It is your responsibility to check with your insurance company to determine if you have coverage for therapy, the amount of the deductible and whether any documentation is required for reimbursement of therapy costs. If requested, I will provide you with a bill that can be submitted to your insurance company for your reimbursement.

Confidentiality

All information disclosed within the therapy session, including case notes and records will be treated as confidential. No information will be revealed to anyone who is not present in therapy without your permission. I am required by law to report any suspected child, elder or dependent adult abuse or any threat of injury to an identifiable victim. The law also permits me to break confidentiality when a client presents a danger of violence to others or is likely to harm him or herself unless protective measures are taken. In addition, I may be required to break confidentiality in certain legal proceedings and actions.

Contacting the Therapist

Between therapy appointments, you can contact me at (408) 691-2963 and leave a detailed message. I will get back to you as soon as possible and/or within 24 hours. In the event of a

psychological emergency or if you need to speak to someone immediately, please leave me a voice mail and then contact the Suicide and Crisis Prevention 24-hour crisis line at (408) 279-3312.

If you have questions about any of the above items, please feel free to discuss them with me.

I have read and understand all of the terms and conditions stated above regarding therapy. All my questions have been answered fully. I understand and agree to the terms and conditions of this agreement.

Date

Signature

Printed name

I have discussed the above issues with the client. My observations of this person's behavior and responses give me no reasons to believe that he or she is not fully competent to give informed and willing consent to treatment.

Date

Heather Howard Konopa, MA, MFT