

**FAMILY COUNSELING CENTER**  
**1347 Grant Street, Red Bluff, CA 96080**  
**(530) 527-6702**

**Informed Consent for Counseling - LICENSED**

This agreement is intended to provide each client with important information regarding therapy and practices, policies and procedures of the Family Service Agency, doing business as Family Counseling Center (FCC).

**Clinical Qualifications**

Your therapist has a Masters degree in Counseling or a related field and is licensed by the state of California as a Marriage and Family Therapist. All therapists are required to complete on-going training and education each year as a condition of licensure.

Furthermore, the Family Counseling Center requires therapists to abide by a code of ethics established by the California Association of Marriage and Family Therapists.

If you have any concern about your therapy or therapist, you may contact the clinical supervisor at FCC, Hillary Lindauer, Licensed Marriage and Family Therapist. If you would like to see a different therapist other than the one you were assigned, please let our office staff know and they will arrange for you to see another therapist.

**Risks and Benefits of Therapy**

Psychotherapy is a process in which the therapist and client discuss issues, events, experiences and memories for the purpose of creating positive change for the client. Participating in therapy may result in a number of benefits to the client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of the client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. Mutual goals will be discussed throughout therapy; however, there is no guarantee that therapy will yield these benefits. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times the therapist will challenge the client's perceptions and assumptions, and offer different perspectives. Therapy may result in unintended outcomes, including changes in personal relationships. Clients should be aware that any decision on the status of his/her personal relationships is ultimately the responsibility of the client. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events.

**Record Keeping and Reports**

Your therapist will take notes during or after session. These notes are required to be stored in a secure manner to protect confidentiality. Should a client request a copy of the therapist's records, such a request must be made in writing, and is subject to the Health Information Privacy and Portability Act. Records will be kept for 8 years and then destroyed in a confidential manner.

Any reports requested by you or on your behalf will be billed at the therapist's full rate of \$95.00 per hour. This includes reports for lawyers or court proceedings and reports for disability benefits. Reports that require less than one hour of the therapists time will be billed on a prorated basis.

### **Confidentiality**

The information disclosed by a client is confidential and will not be released to any third party without written authorization from the client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to: reporting child, elder and dependent adult abuse; when a patient makes a serious threat of violence towards a reasonably identifiable victim; when a client is dangerous to him/herself or property of another; and when a client makes his or her mental state an issue in a legal proceeding.

### **Child Custody Evaluations**

Only licensed professionals with special child custody training are allowed to conduct child custody evaluations. At this time, none of our therapists do this kind of evaluation. Please ask our office staff or contact the courthouse to obtain information on child custody evaluators.

### **Client Litigation**

The therapist will not discuss your case with an attorney unless you, the client, sign a written release, or judge orders information to be released. If the client or their attorney subpoenas the therapist, and a release is obtained, the client agrees to reimburse the therapist for any time spent for preparation, travel, or other time in which the therapist has made him/herself available for such an appearance at the therapist's full hourly rate.

### **Fees and Insurance**

The Family Counseling Center operates on a sliding scale fee basis depending on a client's net monthly income and the number of people in the household. FCC accepts major credit cards, checks, and cash as payment for services. Accounts, which are overdue more than 120 days, may be turned over to a collection agency.

If you have insurance you would like to use, FCC will bill your insurance company for you. If your insurance company denies payment, we will ask you to pay the amount of your adjusted fee on the sliding fee scale. Clients are financially responsible for all charges, including charges not covered by, or denied by, insurance companies or third party payers.

### **Cancellation Policy**

If you are unable to keep your scheduled appointment, we ask that you give us 24-hour notice. If you do not show up for your appointment and do not give us any prior notification, you will be charged a \$25.00 fee or your normal session fee, whichever is lower.

Furthermore, if you have 3 no show appointments within any three-month period, you will be ineligible for further services from our agency.

### **Therapist Availability**

The Family Counseling Center does not provide emergency mental health services or access to services outside of normal business hours. Family Counseling Center is equipped with a voice mail system that allows you to leave a message after hours. If you are in crisis please state who your therapist is and that it is urgent that they contact you as soon as possible. Call may be returned the following business day as FCC is unable to

provide 24-hour crisis service. If you experience an emergency please call 911, the Mental Health Hotline at (530)527-5637.

**Termination of Therapy**

The Family Counseling Center and specifically your therapist reserve the right to terminate therapy at their discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of the therapist’s scope of competence or practice, or client is not making adequate progress in therapy. The client also has the right to terminate therapy at his/her discretion. Upon either party’s decision to terminate therapy, the therapist will generally recommend that the client participate in at least one termination session. This is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The therapist will also attempt to ensure a smooth transition to another therapist by offering referrals.

**Privacy Practices**

We will provide you with a copy of our privacy practices. A copy of these is also posted in the waiting room for your review. Your signature below indicates that you have received a copy of these practices.

**Full Fee for Licensed Marriage and Family Therapists is \$95 per session.**

**\*If using adjusted fee schedule, your fee is \$ \_\_\_\_\_ per session.**

**Comment:** \_\_\_\_\_

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**Client Name (please print)**

**Acknowledgement**

By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of the agreement. The client has discussed such terms and conditions with the therapist and/or the office staff and has had any questions with regard to its terms and conditions answered to client’s satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy.

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**Name of Responsible Party (Please Print)**

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**Signature of Responsible Party**

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**Date**