

FAMILY COUNSELING CENTER
1112 Washington Street, Red Bluff
1347 Grant Street, Red Bluff
756 Solano Street, Corning
(530) 527-6702

Informed Consent for Counseling- Associate

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 and Supervision

All of our therapists have a Masters degree in counseling or a related field. Your therapist is in the process of becoming a Licensed Marriage & Family Therapist or Licensed Clinical Social Worker and is called a Marriage & Family Therapist Associate. All Associates are required to be supervised by a Licensed Marriage & Family Therapist (L.M.F.T.). Our clinical supervisors are Hillary Lindauer, L.M.F.T., she has been licensed for over twenty years, and Mary Mosbacher, L.M.F.T., and she has been licensed for over ten years. All client cases are discussed with the clinical supervisor. Occasionally the supervisor may attend a session with the Associate to evaluate their therapeutic skills or may ask them to record a session with you either by audio or videotape. If at any time you have a concern about your therapy or therapist, you are encouraged to contact the supervisor at FCC. 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 feeling 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 client's 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 \$100.00 per hour. This includes reports for lawyers or court proceedings and reports for other professionals such as physicians. Reports that require less than one hour of the therapist's time will be billed on a prorated basis.

If you are seeking disability benefits, the opinions and findings of a Masters level therapist are not considered in disability hearings. FCC therapists will not complete paperwork for disability benefits.

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

If you are seeing an MFT Associate, you should be informed at the outset that they are not permitted by law to conduct child custody evaluations. Only Licensed Marriage & Family Therapists, Licensed Clinical Social Workers, or Licensed Psychologists with special child custody training are allowed to conduct these evaluations.

Client Litigation

The therapist will not discuss your case with an attorney unless you, the client, sign a written release, or a 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 accepts most major insurance policies and offers reduced fees 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. Clients are responsible for all charges, include charges not paid by insurance companies or other third-party payers. Accounts, which are overdue more than 120 days, may be turned over to a collection agency.

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 may be charged a **\$25.00** fee or your normal session fee, whichever is lower.

Furthermore, if you do not show for a scheduled appointment twice within any two-month period, you will be placed back on the waiting list for an appointment with your therapist. Clients with multiple no-show appointments may become ineligible for services at FCC. Please understand that many people are waiting to receive therapy, and your appointment time is set aside just for you. Furthermore, if you do not show up for your appointment, your therapist is not paid for the session.

Therapist Availability and Contact

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 confidential 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. This will usually be the following business day; 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.

Therapists will generally answer telephone calls within two business days. If your call is urgent, please inform the receptionist. Therapeutic information may be discussed over the phone as deemed appropriate by the therapist. For appropriate e-mail communication, your therapist will respond to your e-mail within two business days. If your therapist uses text, he or she will discuss texting policy with you. Potential risks of using electronic communication may include but are not limited to: inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. **You may be charged for the time therapist spends on phone calls or on reading and responding to e-mail or text messages.**

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 Registered Marriage and Family Therapist Associate is \$100 per session.

Note: Initial Clinical Assessment is billed at the rate of \$120.00

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

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.

Name of Responsible Party (Please Print)

Signature of Responsible Party

Date