

Informed Consent

_____Process of Working Together

Psychotherapy is a collaborative effort between client and therapist. During the initial consultation, after listening and asking a variety of questions, I will offer my assessment and understanding of your situation. I will then share and establish a verbal contract describing my therapeutic approach and how this approach will be incorporated in our future sessions to meet your goals, or I will refer you to other providers in the area who might better meet your needs.

If we decide to work together, we will begin by defining your treatment goals. I will then draw on various therapeutic methods such as client centered, existential-humanistic, cognitive-behavioral, etc. to help and support you in making desired changes. As a client, you are responsible for deciding your ultimate course of action. During the process of our work together, I may recommend additional resources(books, supports groups etc.), medication evaluation, psychological testing and/or a consultation with another health care professional. If I believe other types of services might be of assistance, I will bring these to your attention.

_____Confidentiality & Record Keeping

Everyone entering therapy is entitled to confidentiality. There are also some exceptions which you should be aware about in order to make an informed decision regarding what you choose to disclose.

Legal exceptions to confidentiality:

- You are a danger to yourself, to others, to property, or you are gravely disabled
- I have reasonable suspicion of abuse or neglect of a child, an elder (65 or older), or a dependent adult (Child abuse includes, but not limited to physical abuse, sexual abuse and unjustifiable cruelty or unreasonable punishment.)
- You seek treatment to commit a crime, or to avoid detection or apprehension
- You are involved in a lawsuit
- You have raised the issue of your mental/emotional condition
- You waive your rights to privilege or give consent to limited disclosure by me.

Additional information regarding confidentiality:

- To ensure that I do not overlook possible avenues to help, I consult with other mental health professionals, always omitting client names and any other identifying information

- **When I treat a couple or a family unit:**

- No information is released to outside parties without consent of all

participants

- I may see a smaller part of the unit (e.g. an individual or siblings) for one or more sessions. Information shared during this time is not shared with other members, unless the individual chooses to share or indicates a willingness for me to share.

- **When I treat a minor child:**

I seek an agreement from parents or legal guardians to receive only general information, unless I believe the minor is engaging in serious, at risk behavior

- **When I conduct group therapy:**

- I maintain confidentiality, and ask that group members do the same (I cannot, however, be held responsible for their behavior)

- If we happen to come across one another outside of the office, I will not acknowledge working therapeutically with you without your permission

I keep secure records of our sessions. Records include the date and duration of our contact, who was present, and brief notes regarding issues discussed. I record details if we talk about suicide, homicide, abuse, or other legal matters. I also document consultations with other care providers.

Therapy Benefits & Risks

There are many benefits and risks involved in therapy. We will establish goals for your treatment so that your needs and objectives are met. Psychotherapy can have benefits and risks. During the process, clients may feel worse before they feel better. They may experience uncomfortable feelings of sadness, guilt, worry, frustration, anger, loneliness, emptiness and helplessness. These emotions are natural, and often provide

the foundation for change. Important personal decisions stemming from therapy may impact one's life positively and negatively. For instance, when clients make new choices, significant people in their lives may resist the change, while others may embrace it. This poses challenges, as well as opportunities. Therapy helps many people achieve their desired goals (improved relationship with themselves and others, resolution of problems, reduction in distress, etc.). However, there are no guarantees. We will keep working together as you go through the therapeutic process and meet your therapy goals.

_____ Ethical Standards and Conduct

I agree to abide by the Ethical Standards of the California Association of Marriage and Family Therapists. These standards are accessible on the Association's website www.camft.org. I also comply with the standards of professional conduct in the licensing law for the profession of marriage and family therapists; California Business and Professions Code 4982.

_____ Sessions and My Availability

Sessions are scheduled on a weekly basis, unless we agree that a different schedule is appropriate. Individuals are typically scheduled for 50 minutes. If you will be late, please call and leave a message. If I do not hear from you, I will wait for 15 minutes, after which time I may not be available and you will need to reschedule. If you arrive late, your appointment will not be extended, as this would infringe on other clients' sessions. You may be seen for a shorter time and will be charged for the full therapy hour. When I am unavailable, my telephone is answered by voicemail. I attempt to return all calls within 24 hours. If you leave a message and I do not respond within this time frame, please call again because I may not have received your initial message. If you are in an emergency and I am not available please call 911. I will inform you when I have plans that will make me unavailable for more than 24 hours.

_____ Reschedule and Cancellations

If you are unable to attend a scheduled appointment, please give as much notice as possible. I require 24 hours notice to cancel an appointment. Without 24 hours notice, or if you are a "no show" for your appointment, you will be charged for your missed appointment and that payment is due at the next scheduled appointment. If I need to change or cancel our appointment, I will make every effort to give you at least 24 hours notice. If for any reason I cannot, I will provide our next session free of charge.

_____Financial Information

My fee is \$125.00 for a 50-minute session. Payment is due at each session by cash or check. Some individuals, couples and families require more time after the 50-minute session is completed. This arrangement for extra time will be assessed and discussed in advance. If you have insurance that will cover your therapy, though I do not accept insurance, I will supply you with a monthly “super-bill” insurance claim form for you to submit to your insurance carrier. In accordance with your policy, the insurance company will determine coverage and make any reimbursements for services rendered directly to you. It is your responsibility to verify the specifics of your coverage.

_____Termination

Termination of services typically occurs when we mutually agree that your goals have been met. You have the right to terminate therapy at any time. Although it rarely happens, I reserve the right to terminate therapy at my discretion. I generally recommend that we have at least one termination session to give us an opportunity to reflect on the work that has been done, and to facilitate transition to other health care providers.

Having read and understood the above, I agree to these conditions of our work together.

_____ Client Name

_____ Name of Parent/Legal Guardian
if Minor

_____ Client
Signature (Parent/Legal Guardian if Minor) Date

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