

Sarah Wood, MS, LMFT

LICENSED MARRIAGE AND FAMILY THERAPIST

250 W. First Street, Suite 214 • Claremont, CA 91711
(626) 275-8935

Informed Consent and Agreement for Psychotherapy Services

This document contains important information regarding your treatment. Please read the entire document carefully, and be sure to ask any questions regarding its contents prior to signing.

Therapist Background and Qualifications:

I have a Master's of Science degree in Counseling from California State University of Fullerton, and I am a licensed marriage and family therapist (LMFT#87391).

Risks and Benefits of Therapy:

In most cases, the process of psychotherapy brings about positive changes in clients' lives. It is my intention to provide services that will assist you in reaching your goals. 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. In some cases, the psychotherapeutic process can bring up strong negative emotions and distress. Most people find that the long term benefits of therapy outweigh the short term risks. However, not all individuals benefit from therapy or working with a particular therapist. You maintain the right to seek second opinions at any time, and referrals to other therapists or agencies will be given at your request. If at any time during the therapy you have any questions or concerns about your treatment or about treatment options, do not hesitate to bring this up in our session.

Appointment Fees and Scheduling:

The standard fee for a 50-minute session for services is \$120 per session. You are financially responsible for all charges. Payment for service is due and payable at the time that services are rendered. Fees can be paid by cash, check, and debit card (via Square Cash). If you wish to discuss an alternative payment plan, please do so prior to your session. Sessions are typically scheduled weekly at the same time and day. Should you need to cancel or reschedule an appointment, please call 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 full payment for the missed session. There is a fee of \$20 for any returned check. Fees are re-negotiated in January of each year, and I reserve the right to a fee increase at this time. If this would prove to be a hardship, alternatives will be discussed and agreed upon.

Therapist Availability:

You may leave a message for me at **(626) 275-8935**, which is my confidential voicemail. I will make every effort to return calls within 24 hours on normal workdays, but I cannot guarantee calls will be returned immediately. Telephone consultations between office visits are welcome, however I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. **I am unable to provide 24-hour crisis service. If you are feeling unsafe or have a medical or psychiatric emergency, please call 911 or go to the nearest emergency room.**

Confidentiality:

All information disclosed within your therapy sessions, including case notes and records, will be kept confidential, accessible only by myself. No information will be revealed to anyone not present in therapy without the written permission of the client or a legally authorized representative.

There are a few **exceptions to confidentiality** that you need to be aware of. I may be mandated by law to disclose information about you without your permission in the following situations:

- To report suspected abuse of a child, elder, or dependent adult
- When a client makes a serious threat of violence towards a reasonable identifiable victim
- When a client is dangerous to him/herself or the person or property of another
- In the case of a subpoena by a court, or by the FBI under jurisdiction of the Patriot Act

I will not voluntarily participate in any litigation or custody dispute in which you and anyone else are parties. I have a policy of not communicating with your attorney and will generally not write or sign letters, reports, or declarations to be used in your legal matters, and will generally not provide records or testimony unless compelled to do so by a court of law.

Minors and Confidentiality: Minors have the right to confidential therapy. 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. For parents or legal guardians who share legal custody, both parents must consent to their child's treatment before the second session, and any information shared by one parent will be shared with the other parent through the therapist.

Electronic Records and Communication:

I maintain electronic records and case notes, which are stored on a laptop computer that is equipped with a firewall, virus protection software and is password-protected. All confidential information is backed up on a regular basis onto an encrypted hard-drive. It is important to note that unencrypted e-mail, texts, and e-faxes can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Please notify me if you decide to avoid or limit the use of electronic communication. I will let you know promptly if the privacy or security of your information is compromised in any way.

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. You have the right to discontinue or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. I reserve the right to terminate therapy at my discretion, for reasons including but not limited to untimely fee payment, noncompliance with treatment recommendations, conflict of interest, failure to participate in therapy, or your needs being outside my scope of practice or competence. Upon the decision to terminate, I will offer you appropriate referrals.

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By signing below, you acknowledge that you have reviewed and fully understand above policies and conditions for treatment, that any questions or concerns have been answered to your satisfaction, and that you agree to abide by the terms and conditions of this agreement and consent to participate in psychotherapy with Sarah Wood, LMFT, per the terms outlined in the above document.

Printed Name of Client

Signature of Client

Date Signed

Consent to Treatment of Minors

This section must be completed by the parent or legal guardian of each child who attends sessions. Some custody agreements require the signatures of both parents/guardians for treatment. Because of this, it is generally my policy to require the signature of both parents in any divorce situation.

By signing below, you acknowledge that you have reviewed and fully understand above policies and conditions for treatment, that any questions or concerns have been answered to your satisfaction, and that you agree to abide by the terms and conditions of this agreement give consent for your child to participate in psychotherapy from Sarah Wood, LMFT, per the terms outlined in the above document.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed

I have discussed the above issues with the client. My observations of this person's behavior and responses give me every reason to believe he/she is competent to give informed consent at this time.

Sarah J. Wood, MS, LMFT

Date Signed