

# Informed Consent for Treatment

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## Informed Consent for Psychotherapy

### Introduction

You have made an important decision to engage in therapy and focus on your well-being. The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by providing your electronic signature at the end of this document.

### Cancellation Policy

You are welcome to cancel or reschedule any appointment, as long as you do so with at least 24 hours notice. Clients are typically seen once per week, at the same time and day each week. If you cancel or miss any two appointments within a 30 day period, you may be transitioned to a self-schedule plan, rather than having a regular spot held for you. For more information about my cancellation policy, please refer to my Practice Policies.

### The Therapeutic Process

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also periodically provide feedback to you regarding your progress and I will invite your participation in the discussion.

I will work with you to develop an effective treatment plan. Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, 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 to guarantee a specific outcome or result.

### Risks and Benefits of Therapy

Psychotherapy is a process in which the therapist and client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that the client can experience his/her/their life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as any problems or difficulties the client may be experiencing. Psychotherapy is a joint effort between the client and the therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits, 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. There is no guarantee that therapy will yield any or all of the benefits listed above.

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 in which the therapist will challenge the client's perceptions and assumptions, and offer different perspectives. The issues presented by the client may result in unintended outcomes, including changes in personal relationships. The client should be aware that any decision on the status of his/her/their personal relationships is 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. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. The client should address any concerns regarding progress in therapy with the therapist.

### **Litigation**

I will not voluntarily participate in any litigation, or custody dispute in which the client and another individual, or entity, are parties. I have a policy of not communicating with clients' attorneys, and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, the client agrees to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate of \$140.00.

### **Confidentiality**

With the exception of specific situations detailed below, all communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with her, when working with other members of your family. Please feel free to ask your therapist about her "no secrets" policy and how it may apply to you.

There are exceptions to confidentiality when there is a **safety issue**, or a **court order**. For example, therapists are required to report instances of suspected child, dependent adult, or elder abuse. Therapists may also be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client presents a danger to self.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your family members.

### **Community Encounters**

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

### **Social Media**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our

respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **Therapist Availability/Emergencies**

If you need to contact me between sessions, please send me a text message or leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 2 working days. If an emergency situation arises, please call 911 or Humboldt County DHHS 24 Hour Behavioral Health Crisis Line at 707-445-7715.

### **Electronic Communication**

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss sensitive therapeutic content and/or request assistance for emergencies.

### **About the Therapist**

**Education:** Julie earned a Bachelor's Degree in Psychology from Illinois State University and a Master's Degree in Community Counseling from Eastern Illinois University. She has received additional training in many areas, including trauma recovery, mindfulness, attachment, early childhood mental health, and substance use disorder treatment.

**License:** Julie has been a Licensed Marriage and Family Therapist (#47188) since May 14, 2009.

**Experience:** Julie has well over a decade of experience providing counseling to individuals, children, and families in Humboldt County. She has worked in a variety of settings, including a University Counseling Center, a child abuse prevention program, and an Intensive Outpatient Treatment Program for mothers with young children.

**Professional Orientation:** Julie's approach draws from Attachment Theory, Person Centered/Humanistic, Cognitive Behavioral Therapy, Mindfulness, and Internal Family Systems.

You are welcome to ask any questions you might have about your therapist's education, experience, approach, etc.

### **Fees and Insurance**

The fee for service is \$140. Sessions are approximately 50-55 minutes in duration. Therapist reserves the right to periodically adjust fee. You will be notified of any fee adjustment in advance.

Fees are payable at the time that services are rendered. I accept cash, check, or credit card payment.

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist is a contracted provider for your insurance company, your therapist will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist is happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

### **Medicare Provider Status**

I am an Opted-Out provider. This means I am not contracted with Medicare. Medicare will not reimburse you for the cost of my services. If you are a Medicare beneficiary, please let me know, as we will need to enter into a private contract for therapy services in order for me to treat you.

**Notice to Clients**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Licensed Marriage and Family Therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574- 7830.

**Termination of Therapy**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. 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. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, I will assume you are no longer interested in participating in therapy with me, and I will close your file. You are welcome to reach out at any time in the future if you are interested in resuming treatment, and we will discuss your options.

**Please ask your therapist to address any questions or concerns that you have about this information.**

**I hereby give my consent for mental health evaluation and treatment provided by Julie Branson, MFT.**

BY PROVIDING MY ELECTRONIC SIGNATURE BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.