

RIA DANIAL. M.F.T.
MARRIAGE AND FAMILY THERAPIST, LIC. # MFC 28352

INFORMED CONSENT

CLIENTS RIGHTS AND RESPONSIBILITIES

Psychotherapy provides a safe and confidential environment in which a person may clarify issues, identify and work with feelings, and increase awareness of self. You have the right to choose a therapist who best suits your needs, personality and purposes. You have the right to privacy. You have the right to ask questions about your therapy and to participate in defining the goals of your therapy. You have the right to agree or disagree with your therapist's recommendations. You have the right to bring preferences, concerns or issues regarding your therapy into conversation with your therapist. Your personal growth and the rate at which you make the desired changes in your life is your responsibility. You have the right to ask your therapist questions about their professional experience and background, and their theoretical orientation. Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

FEES

Unless otherwise discussed, my fee for new clients is \$170.00 per session. Fees are payable at the time of service. Over time, fees may be raised periodically. Advanced notice will be given with ample time for discussion about any fee change.

INSURANCE

Be aware that I do not do any managed care or billing for insurance. If your insurance company covers psychotherapy, you are still required to pay for the session at the time of service. You will need to check your insurance coverage to see if it covers my services. Please note that the insurance contract is between you and your insurance company, and the responsibility for your fees is yours. My statements generally provide the information needed. When a psychological diagnosis is required, I will discuss this with you prior to including a diagnosis on your statement. If your insurance company requires periodic reports and/or treatment plan(s), you will be billed at my prorated hourly fee for my time spent.

APPOINTMENTS

Unless otherwise agreed, the session is 60 minutes in length. If the appointment does need to be cancelled, 24 hours notice is required so that the time can be available for someone else. Late cancellations or missed appointments are subject to the full charge.

TELEPHONE CALLS

A message can be left on my answering machine at any time. Please note that a response to your phone call cannot be immediate. During office hours, I do check my messages regularly and will get back to you as soon as possible. As a licensed Marriage and Family therapist in private practice, I do not provide 24-hour, 7 days a week on call emergency service and/or availability to my clients. At your request, I will inform you of a crisis number(s) you can call in the event of an emergency that may occur during hours that I am not normally in my office. If the emergency arises during my in-office hours, I will be available to schedule the necessary appointment(s) with you to ascertain the appropriate emergency intervention and to assist you through the crisis. Telephone consultations with the therapist, which are 10 minutes or more in duration, will be billed at the prorated hourly fee.

EMAIL

Regarding the use of email: Although my computer is password protected, my emails are not encrypted.

Therefore, I cannot guarantee confidentiality of email communication. If you choose to communicate confidential information with me via email, I will assume that you have made an informed decision and I will view it as your agreement to take the risk that email may be intercepted. Please be aware that email is never an appropriate vehicle for emergency communication.

CONFIDENTIALITY

One of your most important rights as a client involves confidentiality. Within certain limits, any information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. If you have signed a release of information with another person or agency, that party may be contacted from time to time to obtain or give pertinent information to insure quality of care and treatment collaboration.

Only upon your written request may any part of your files be released to any person or agency you designate. You should also know that there are certain situations in which, as a psychotherapist, I am required by law to reveal information obtained during therapy to other persons or agencies. The situations are as follows:

- In the event it becomes known, or there is reasonable suspicion that physical, emotional or sexual abuse of a child has occurred or is occurring, the proper authorities must be notified. This also applies to the elderly and adults who are intellectually, emotionally or physically impaired.
- If it becomes known or there is reason to believe that you are intending to commit suicide or harm someone else in any way, steps will be taken to intervene, including notification as mandated by law.
- If a Judge in a court of law orders me to release information, I am required to provide the information specifically requested by the court

TERMINATION: As a client, you have the right to terminate therapy. The therapist reserves the right to terminate therapy. Reasons for termination include but are not limited to: failure to comply with treatment recommendations, lack of progress, untimely payment for services, conflicts of interest, or if the clients needs are outside the therapist's scope of competence and/or practice.

LITIGATION LIMITATION: Ria Danial does not do court work. If you need these services, referrals to forensic professionals will be provided for you. My desire is to protect your psychotherapy from the intrusiveness of legal proceedings. By signing this form, you are agreeing that neither you nor your attorney will call me to testify in court or any other legal proceedings, nor will a disclosure of psychotherapy records be requested for legal proceedings.

If you have questions and/or concerns regarding any of the above information, please let me know. If all this information is clear, please sign, date and return informed consent form to me. At your request, I will give you a copy for your file.

I have read, understand and agree to the above information:

Signature(s)_____

Date_____

Print Name(s)_____

