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## **Informed Consent**

### *Limits of Confidentiality/Policies and Procedures*

**This document is intended to provide you with information necessary to make informed decisions regarding your participation in psychotherapy.**

#### ***RISKS and BENEFITS of PSYCHOTHERAPY***

Most people enter psychotherapy when stress becomes an overwhelming burden, relationship conflicts and parenting problems spiral out of control, or feelings such as anger or depression interfere with work, academic or leisure activities. Some people enter therapy in a desire to grow rather than alleviate a crisis. The goal of many psychotherapy clients is reduction of problems and emotional suffering, improved interpersonal relationships, and greater satisfaction with their lives. However, along the course of therapy, some individuals may experience an exacerbation of problems or symptoms. This condition may be temporary as difficult material is worked through. Significant others in a client's life may experience trouble adjusting to changes a client makes, causing new or different conflicts. Even when families are in pain, the system prefers to stay the same and NOT CHANGE. Changes in a therapy client may challenge the attitudes and behaviors of their friends, family members or co-workers. Clients have the right to be informed of this possibility at the outset of treatment. Potential benefits of therapy include more fulfilling relationships, elimination of compulsive/addictive behaviors, more effective modes of parenting, improved communication and conflict resolution skills, reduction or elimination of anxious feelings, chronic worry or depressed moods, and hope for the future.

#### ***CONFIDENTIALITY: Important Exceptions:***

Therapists are expected to keep session content confidential. That information may only be released to designated parties by written authorization of clients or legal guardians. However you must be informed that there are certain exceptions and limitations to confidentiality. These limitations generally concern safety and well being of clients and significant others.

1. Therapists are **mandated reporters** and as such are **required by law** to report a *reasonable suspicion* of abuse or severe neglect of children (under 18 years of age), dependent adults, and elders (65 and older) to appropriate authorities. The purpose of the reporting requirement is the protection our most vulnerable members of society.
2. Therapists are legally and ethically required to act to maintain safety in dangerous situations, particularly imminent threat of suicidality, homicidality, or destruction of property that could endanger others. Imminent threat is a disclosure of serious *intentions*. "Intentions" means not only a desire to act, but also a plan of *how* to act, the means to carry out the plan, AND an imminent timeline, NOT fantasies, desires, or wishful thinking. The therapist may have to break confidentiality by notifying client's family members or friends, co-workers or employers, intended victims, and/or law enforcement to ensure that safety.
3. If clients introduce their mental status into legal proceedings, the court could subpoena their records. Additionally, if a client is involved in a legal proceeding (divorce, custody dispute), therapist records could subpoenaed. If a therapist receives a court order to release information, the therapist **MUST** comply. In some cases the court is satisfied with a summary of clients' records.

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## ***Policies and Procedures***

### **Fees**

- Payment is expected at the time of service unless other arrangements are made (ex. insurance company will pay therapist). I accept cash or checks. Please have your payment ready at the beginning of session to avoid infringing on your full time.
- My standard fee is **\$125 per 50-minute session**, including time missed for lateness.
- Phone calls exceeding 5 minutes (excludes brief calls for making/changing appointment times) will be billed \$2.00 per minute.
- Fees may be increased periodically. You will receive reasonable notice of such an increase.
- Court appearances to provide testimony, preparation of written documents, letters or reports, meetings, or phone consultations resulting from a legal proceeding initiated by you or others relating to your case will be charged at the regular hourly rate of \$125. Legal fees incurred by such a legal proceeding are the client's responsibility.
- Psychotherapists are permitted to release financial information to a collections agency, attorney, or small claims court if you are delinquent on paying your bill. If an unpaid balance accrues, it may be turned over to a collection agency or small claims court. Clients are responsible for any service charges, collection fees, or legal costs that are incurred as a result. Your therapy belongs to you.

### **Cancellations/Missed appointments/Vacations/Emergencies**

Sessions typically occur weekly, at the same day and time each week. Sessions last for 50 minutes beginning on the hour and ending 10 minutes before the next hour. Changes may be made depending on special circumstances or insurance company provisions. Sessions begin and end on time with some rare exceptions.

- **CANCELATIONS: 24-hour notice is necessary to cancel** a session. (Genuine medical or other emergencies are excluded). *Once therapy has begun, I will charge my usual fee for no show or late canceled appointments if we are unable to reschedule for that week or I am not able to fill your hour.* Your session time is reserved specially for you, and only you. The fee is part of your responsibility as a client. If 2 consecutive appointments are missed, your regular time will no longer be held and **may become available to someone else**.
- **Vacations:** This therapist will typically provide reasonable notification of intended vacations or breaks from therapy for other reasons (illness, professional conferences, and personal business). This therapist expects clients to also take vacations or other breaks from therapy (illness, business trips, family matters). Clients are not expected to pay for sessions that occur during any vacation, sudden illness, or previously arranged break from regular therapy schedule.
- **Emergencies:** In the event of a life-threatening emergency, clients should **DIAL 911**. For other urgent matters or to change/schedule an appointment, you may leave a message *with call back number and best times to reach you*. This therapist will make every effort to return your call within 24 hours, possibly longer on weekends. If you are in crisis, wish to speak to someone immediately, and cannot reach this therapist, you may call **the 24-hour ACCESS/Crisis Hotline at 800-479-3339**. When this therapist is out of town, and you are not seeing another mental health professional such as a psychiatrist, this therapist will provide phone numbers of alternate sources of help.

**Client Records:** Be advised this therapist will destroy client records 7 years after termination of therapy.

I/we have read and understood the above information. \I/we agree to the terms of these policies.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date