

## *Melissa Johnson, M.S.*

*Marriage and Family Therapist #MFC47998*

*Licensed Professional Clinical Counselor #LPCC1704*

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### **Informed Consent for Treatment**

I am a Marriage and Family Therapist and Licensed Professional Clinical Counselor, dually licensed in the State of California. At any time during your treatment, you are welcome to inquire about my education, background, experience, and professional orientation. The intent of this document is to provide you with important information regarding your treatment, in addition to obtaining your consent for therapeutic services.

#### **About the Therapy Process**

I believe that therapists and clients are partners in the therapeutic process, and it is my intention to provide service that will assist you in reaching your goals. Based upon the information that you provide, in addition to my clinical observations, I will provide you with my assessment and recommendations regarding your treatment.

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Psychotherapy requires your very active involvement, honesty, openness, and consistent attendance in order to change your thoughts, feelings and/or behavior. Common risks in psychotherapy include the following: presenting symptoms/concerns do not improve; presenting symptoms/concerns worsen; new symptoms/concerns might arise during the therapeutic process; remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel upset, angry, depressed, challenged or disappointed. There is no guarantee that psychotherapy will yield positive or intended results. I will check with you regularly as to your assessment of the benefits of counseling. Please share any concerns you have with me.

#### **Appointment Scheduling & Cancellation Policies**

Therapy sessions are 50 minutes in length, however, 80 minute or longer, “intensive” sessions can be arranged in advance, and are pro-rated at the hourly rate. Therapy sessions are typically scheduled to occur once per week. Your consistent attendance greatly contributes to a successful outcome. Your scheduled appointment is a commitment of my time, reserved especially for you. In the event that you must cancel or reschedule an appointment and are unable to provide me with 24 hours notice, you will be responsible for the full payment of the missed session. Should you not appear for your scheduled appointment or arrive late, you will be expected to pay the full fee for that session.

#### **Fees & Payment**

My fee for a 50-minute therapy session ranges from \$135 to \$150, depending on the type of session. Such fees may be re-evaluated and subject to change annually. Payment in full is due at the time therapy services are rendered. Payment can be made with cash, check, or credit card. Additional charges will be collected for professional services rendered that are not part of the usual therapy session, such as elongated phone or in-person contacts, preparation of special forms, reports, letters, and court time. Credit card charges appear on your statement as “Melissa Johnson, MFT”. If you pay by credit card, you agree that you will not dispute charges for therapy sessions rendered in good faith or for failure to comply with my cancellation policy. If your check is returned by the bank, you will be charged the amount of the check, plus the bank's fee; I will also require that payment for future sessions be made in cash or by credit card. In the event that your payment for services is past

due over thirty (30) days, I may choose to take appropriate legal action to collect such payment, and/or terminate the therapy relationship with you. If for some reason you find that you are unable to continue paying for your therapy, please inform me immediately. Please notify me if you would like to receive receipts or superbills.

**Confidentiality**

All communications between a client (*including minors under 18 years of age*) and a therapist are held strictly confidential and can only be released with written consent from the client, or as may be required by a court order. Parents/guardians who provide authorization for their child’s treatment are often involved in their treatment, therefore, I, in the exercise of my professional judgment, may discuss the treatment progress of a minor client with you (the parent or guardian). Please be mindful that any client-therapist communication via cell phone, email, or text messaging cannot be guaranteed as confidential communication. Exceptions to confidentiality, which therapists are mandated to report to the appropriate authorities, include the following: 1) instances of known or suspected child, dependent adult or elder abuse; 2) when a client is thought to be in danger of committing suicide; and 3) when a client presents a serious danger of physical violence to another person.

**Please note:**

\*\*I sometimes receive professional consultation. In these cases, no identifying information is revealed.

\*\*The use of current technologies such as cell phones, email, and text messaging are NOT guaranteed to be confidential. I use my cell phone as my business phone to ensure greater availability to my clients. If you wish to communicate with me via email or text, you may do so, but please keep in mind the risks regarding confidentiality and compose your messages appropriately according to your level of comfort with the risks. I will generally respond via the medium you choose to contact me. On occasion, I may need to contact you via email or text if I am in a location that precludes the confidentiality of phone calls. If you prefer that I DO NOT use email or text messaging to contact you, please indicate this on the Intake Form. By signing this form, you acknowledge and accept these risks and agree to engage in therapy with me in spite of these risks.

**Therapist Availability**

You are welcome to contact me by leaving a message for me at any time on my confidential voicemail, or via text message or email. I am generally able to return your phone call/text/email within a few hours. If you are unable to reach me and are experiencing a crisis or emergency, please call the Alameda County Crisis Hotline at 1-800-309-2131, or dial 911. In the event that I am on vacation or otherwise unavailable, I will designate another licensed professional to be contacted in the event of an emergency.

**Termination of Therapy**

Proper termination is usually at the successful conclusion of therapy when a client and their therapist agree upon that course of action. The length of your treatment depends on the specifics of your treatment plan and the progress you achieve. If you or I determine that you are not benefiting from treatment, either you or I may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include changing your treatment plan, referrals to community resources or another therapist, or terminating your therapy.

**Agreement for Services & Fees**

I understand and agree to the terms and policies, and have received a copy of this *Informed Consent for Treatment*. I give my consent for treatment and agree that the fee per session is \$\_\_\_\_\_.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_