

Carol Cochrane Bass, M.A., L.M.F.T.
Santa Cruz Family Therapy, PC

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AGREEMENT FOR SERVICES/INFORMED CONSENT

This form is to clarify the legal and business portion of our relationship. Please read the following information carefully and feel free to discuss with me any questions or concerns you may have.

Confidentiality

Absolute privacy is the basic right of anyone who seeks counseling. All information shared is strictly confidential and cannot be released without your explicit, written consent. There are three important exceptions to client/therapist privilege. a) Any threats of murder or bodily harm to self, other or property of another; b) Any knowledge of child, elder or dependent abuse or neglect; c) A court order.

Minors above the age of 12 have the right to confidentiality unless they are perceived as harmful to themselves or others and can, under certain conditions, participate in therapy without parental consent.

Payment and Missed Appointments

Therapy session, unless otherwise arranged, last 50 minutes. I have a sliding scale of \$130 - \$100 per session, payable at the end of each appointment. Appointments that are canceled or broken without 24 hours' notice will be charged the full fee. These charges are generally not reimbursed by insurance companies.

Phone Sessions

I am available for phone sessions as my free time permits. Any phone contact which is unrelated to the business portion of our relationship will be considered a phone session and the fee will be prorated according to your regular hourly fee.

Seeing You Outside of Therapy

If we happen to meet or see each other outside of my office, I will protect your confidentiality by not initiating contact.

Drugs and Alcohol

I consider drugs and alcohol to be impediments to effective therapy and I ask all clients to refrain from use on the day of their appointment. If you have any problem with this, please let me know.

Termination

When you decide to end or temporarily discontinue therapy, please let me know ahead of time so we can schedule a closing session. I find such a session to be valuable for both of us.

Risks and Benefits of Therapy

Psychotherapy is a process in which a myriad of issues, events, experiences, and memories are discussed for the purpose of creating positive change in order to help in enabling you to experience life more fully. It provides an opportunity to better, and more deeply, understand one, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between Patient and 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 to Patient, 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 Patient, 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, fear, anger etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. You should be aware that any decisions on the status of your personal relationships are your responsibility. During the therapeutic process, many people feel 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 time, but may also be slow and frustrating. Feel free to discuss any concerns you have regarding your progress in therapy with me.

I understand and agree to the above conditions.

Client Name (Print)

Client Signature

Date

Client Name (Print)

Client Signature

Date

Minor Name (Print)
(when applicable)

Minor Signature

Date