

Informed Consent for Psychotherapy

Welcome to my practice. This document contains important information regarding my professional services and policies. Please read the below information carefully and feel free to discuss any of it with me. After you have reviewed all the information please sign the last page. I will be happy to provide a copy of this agreement if requested.

The Process of Psychotherapy

Therapy, or counseling, is an ongoing process in which you the client voluntarily seeks guidance in order to gain clarity, insight, or understanding regarding yourself and your relationships with others. It can be a deeply personal journey in which growth and greater mental health can be achieved. Therapy can be a chance for you to be open and honest with yourself in a safe environment. This can be a long process or a short one, depending on your needs. As a Licensed Marriage and Family Therapist (LMFT), I take an eclectic approach to the therapeutic process. Depending on the issues presented by you, I may use a variety of theories to help me better understand your particular circumstance within the context of a mutually respectful environment.

What to Expect

Therapy takes serious commitment and there are risks as well as benefits to the therapeutic process. It is not a guaranteed quick fix. Some of the benefits of therapy may include relief from burdens, stress, and anxiety, awareness of problematic patterns, and improved relationships. Through this process you may change and your relationships may also change. It is up to you to decide what you want to get from our time together; any goals will be determined by you. It is also important, however, to know that therapy involves risks. The time and energy spent on this process may seem daunting at times and it is common to feel overwhelmed. Often therapy can bring up feelings that we often try to avoid such as pain, sadness, disappointment, or guilt. As a result, clients sometimes report feeling worse during the therapy process than when they started. Many people find psychotherapy helpful, although some have found it disappointing or have experienced unexpected outcomes. It is my belief that therapy is ultimately a process of health and that the long-term benefits can outweigh these risks. If you have concerns about your progress, or any aspect of our work together, I invite you to discuss this with me.

Confidentiality

The session content and all relevant materials to your treatment will be confidential unless you request in writing to have all or some portion of this content released to a specifically named person/persons. The limits to this client held privilege of confidentiality are as follows:

1. If a client threatens or attempts serious physical harm to self or others.
2. If a therapist has reasonable suspicion that a client or other named person is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse, or neglect of children under the age of 18 years, therapist is required by law to report to appropriate authorities.
3. If therapist has reasonable suspicion of physical, emotional, sexual, or financial abuse, or neglect of an elderly person over the age of 65 years, therapist is required by law to report to appropriate authorities.
4. If information is ordered by a judge in a court order pursuant to a legal proceeding.

- Professional consultation is an important component of a healthy psychotherapy practice. Occasionally I may need to consult with other professionals in order to provide the best treatment for you. Information about you may be shared in this context without providing your name or other identifying information.
- Your right to privacy and confidentiality extends outside the therapy office. If we see each other accidentally outside the office I will not acknowledge you unless you approach me first. Additionally, it is important you let me know your preferred means of contact and whether it is appropriate to leave you a voicemail message either at work or at home.

Fees and Cancellation Policy

- My current **standard fees range from \$150-\$200 per 50-60 minute session**. Longer sessions will be adjusted at a rate of an additional \$50 per half hour. I am able to offer a reduced rate on a *limited basis* to those clients with *financial hardship only*. Phone conversations lasting longer than 10 minutes will be full fee. Session fees are to be paid at the time of our appointment and the client may not carry a balance. Currently, I accept cash, check, or debit/credit cards. You will be notified in writing of any fee adjustment at least 30 days in advance.
- **If you need to cancel or reschedule an appointment you must do so with at least 24 hour notice. If you miss your appointment or cancel in less than 24 hours you will be charged the full standard fee of \$150.**
- I do not currently accept insurance or belong to any insurance panels. I would be happy to provide you with a monthly statement that you can submit to your insurance company for reimbursement as an out-of-network provider. Please keep in mind, however, that some insurance companies may require a diagnosis and/or other information in regards to your treatment. We can discuss this further if you have concerns or questions.

Communication and Therapist Availability

- If you need to contact me between sessions, the best way to do so is to leave a voice message on my office phone: (408)520-1486. I will do my best to return your call within 24 hours, with the exception of weekends and holidays or therapist vacations. I do not accept text messages at this time. You may also contact me via email at jcarsonyoung@gmail.com **for appointment scheduling/cancellations only.**
- If I am not available due to pre-arranged vacation/time off, alternate treatment options will be provided. I cannot provide crisis support or immediate contact. If you are in need of immediate crisis support or are experiencing a medical or psychiatric emergency please call 911 or go to the nearest emergency room. The nationwide, 24-hour suicide crisis hotline is 1-800-SUICIDE.

Termination of Treatment

You have the right to terminate treatment at any time. My hope is for us to discuss your progress before ending in order to have a chance to reflect on your work in therapy and to provide a positive ending experience. There may be circumstances in which I may end treatment. These circumstances will be discussed in advance with you should this occur. For example, If I believe your needs are outside my scope of competence, I will discuss this with you and provide referrals.

Acknowledgement

By signing below I am agreeing that I have read, understood, and agree to the terms contained in this document.

Client Name: (Please Print)_____

Signature:_____ **Date:**_____

Client Name: (Please Print)_____

Signature:_____ **Date:**_____

If client is a minor:

Parent/Legal Guardian Name: (Please Print)_____

Signature:_____ Date:_____

Relationship to Client:_____

Parent/Legal Guardian Name: (Please Print)_____

Signature:_____ Date:_____

Relationship to Client:_____