

Stay Designated

Informed Consent

Limits of Confidentiality

Your therapist is required by law to keep what you choose to discuss with him/her confidential with the following exceptions:

1. **Harm to self/others:** Your therapist has an ethical duty to provide for your safety in the event you develop intentions to harm yourself and will use appropriate means to do so up to and including notifying appropriate authorities and others who may participate meaningfully in a safety plan. In addition, your therapist has a legal duty to notify others whom you intend to harm or who may be harmed as a result of your plan to harm someone else as well as authorities who may provide for their safety.
2. **Abuse:** Your therapist is considered by law to be a mandated reporter. This means if he/she has a reasonable suspicion of child abuse or of elder/dependent adult abuse, he/she is required to report this to the appropriate authorities.
3. **No Secrets Policy:** Your therapist has a policy of avoiding keeping secrets when working with a family unit. This means your therapist may refer your case to another therapist if you disclose information to him/her that may impede treatment for the family if you are unable to reveal the information on your own.
4. **Court Order:** If you or your therapist is involved in a court proceeding and the court orders your therapist to provide specific information about your therapy or your therapeutic records, you will be notified in writing and your therapist must comply. For more information about when this might occur and under what circumstances the therapeutic record may be requested by the court, please reference California Civil Code 56.10(b).
5. **The Patriot Act of 2001:** Section 215 of the Patriot Act of 2001 requires therapists to submit records to the Federal Bureau of Investigation upon request. This law prohibits therapists from notifying clients of the disclosure.

Therapy Agreement

I understand that by signing below I am entering into an agreement to participate in therapy with _____ who is a trainee MFT Intern Psychological Asst
 Licensed MFT Licensed Psychologist

I further understand and agree to the following:

- Sessions will be 45-50 minutes in length and we plan to meet ____ times per week.
- My fee is \$_____ and is due prior to the start of each session.
- **Cancellation Fee Policy: Appointments must be canceled at least 24 hours in advance. A full session fee is charged for no-shows and late cancellations.**
- The charge for returned checks is \$30 and allows us to cover bank fees.
- **Stay Designated does not provide emergency services outside of normal business hours.** If you have an emergency, please call 911 or go to the nearest hospital.
- I have had the opportunity to discuss any questions or concerns I have about the information on this form and about my treatment.

Client Signature

Date

Client Signature

Date