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Informed Consent Agreement

Welcome- This patient information form will answer most of your questions about therapy services at my office. Please feel free to ask for any further clarification or additional information.

As a Marriage and Family Therapist, I am licensed by the state of California to provide psychological services to individuals, couples, families and groups. I have been licensed since 2006. I received my BA in psychology from the University of Massachusetts and my MA in Clinical Psychology from Antioch University in Los Angeles. I have worked within the mental health field for over 10 years with widely diverse populations, in non-profit, private and school settings.

Therapy- Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things that we discuss outside of our sessions.

Therapy Sessions- Sessions normally last 50 minutes, but occasionally a longer session may be recommended.

Confidentiality- All sessions, including telephone or email contacts are confidential to persons outside of the therapy with some exceptions, I am required by law to report:

- threats of harm to another or oneself
- domestic violence
- child or elder abuse
- by court order
- per your signed release

Treatment of Minors- When counseling children or adolescents, confidentiality is a necessity; while a parent or guardian have a legal right to information, I will speak with you in a general way unless there is a danger to the child's life. This is conveyed to the child as well. I may at times ask the child and parent to meet with me together so that the parent can voice concerns or ask questions.

Cancellation Policy- Appointments should only be canceled in the event of extreme necessity. A 24 hour notice is required for cancellation. The client is fully responsible for the full fee unless cancellation is made 24 hours in advance.

Insurance- My payment policy is fee-for-service only. I do not accept payment directly from insurance companies and therefore I am not on any managed care or preferred provider plans. However, my services are typically reimbursable and if you choose to, I will provide you with a monthly statement that you may submit to your insurance to obtain out-of-network reimbursement. Insurance companies sometimes require a formal diagnosis with their claims. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable.

Fee/Payment Policy- Sessions are typically 50mins in length, weekly. Occasionally more or less time may be required or preferred for your individual need. My rate will be discussed prior to our first session. Full payment is due at time of service/scheduled therapy session in check or cash form.

Unpaid Balances-

Payments received more than 30 days after services are rendered are subject to late fees. There is a \$25 fee for returned checks. Delinquent bills will be turned over to a collection agency.

Contact Information- I am often not immediately available by telephone. While I am usually in the office during my normal business hours, I do not answer the phone when I am with a client. If you need to reach me between sessions, or in an emergency, you have the right to a timely response. You may leave a message on my confidential voicemail at any time and your call will be returned as soon as possible or by the next business day under normal circumstances. I will only return a call on a weekend if the matter is urgent and cannot wait until the next business morning. If you require an immediate response, please be sure to say so and leave a phone number where you can be reached and I will make every attempt to get in touch with you as soon as possible, additionally **you must call 911 with any immediate health risk emergencies**. But, for any number of unseen reasons, if you do not hear from me or I am unable to reach you, it remains your responsibility to take care of yourself until we can talk. I will make every attempt to inform you in advance of any planned absences.

Your signature below indicates that you have read this Agreement and agree to its terms. It also serves as an acknowledgment that you have received the HIPAA Notice Form.

Client Signature Date

Client Name (Print)