

Shira Stone, LMFT
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Informed Consent

Fees

Fees are due at the time of service.

Please inform me if you wish to utilize health insurance to pay for services. If you wish to pay with insurance, I will bill your insurance company, and you will pay the co-pay at each session. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with me.

Confidentiality

All our communications will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. (In addition, I will not disclose information communicated privately to me by one family member, to any other family member without written permission.) There are exceptions to confidentiality. For example, I am required to report instances of suspected child, dependent adult or elder abuse. I may also be required or permitted to break confidentiality if I determine that you present a serious danger of physical violence to another person or when you are dangerous to yourself.

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. The exception to this confidentiality is if I have concerns for the minors' safety or well-being. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours' notice in advance, you are responsible for payment for the missed session. Please understand that insurance companies do not pay for missed sessions, and those with insurance will be charged \$90 for sessions with less than 24 hours' notice cancellation.

My Availability/Emergencies

Important issues are better addressed within regularly scheduled sessions. You may leave me a message at any time on my confidential voicemail if you have a matter that is urgent and can't wait for our next scheduled time. In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or call the crisis hotline at 800-952-

I may need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means.

Call me on my home phone. My home phone number is: () _____

Call me on my cell phone. My cell phone number is: () _____

Send a text message to my cell phone which is () _____

Send me an email () _____

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will

provide recommendations to you regarding your treatment. I believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input are an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals. It is very important to have at least one termination session, as this allows for closure. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask me to address any questions or concerns that you have about this information before you sign.

Name _____

Signature _____

Date _____