

**Sarah Kelley, M.S., LMFT**

Individual, Family, and Child Therapy  
1801 E. Parkcourt Pl., Ste. D103  
Santa Ana, CA 92701  
(714) 271-3643  
Sarah@sarahkelleytherapy.com

**Informed Consent-Adult**

This form reviews office policies and procedures and explains the therapeutic relationship between \_\_\_\_\_ and Sarah Kelley, M.S., LMFT. Please ask any questions before signing. By signing, you agree to the content of this form.

**Introduction**

I am a Licensed Marriage and Family Therapist (LMFT#83792). I have a Master of Science in Counseling. I am certified by the Board of Behavioral Sciences (BBS).

**Risks and Benefits of Therapy**

Therapy is the process in which the therapist and client(s) discuss a variety of issues, events, experiences, and memories with the intent of creating positive change in the client(s). It provides an opportunity to more deeply understand oneself, as well as any problems or difficulties client(s) may be experiencing. Therapy is a joint effort between the therapist and client(s). Progress will vary based on the particular problem or issues being addressed, as well as other factors. Therapy is a place to learn new skills, explore feelings, and process experiences.

Participating in therapy may result in a number of benefits to the client(s), 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 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, anger, fear, etc. There may be times in which the therapist will challenge the client(s)' perceptions and assumptions, and offer different perspectives. The issues presented by the client (s) may result in unintended outcomes, including changes in personal relationships. Client(s) should be aware that any decision on the status of his/her personal relationships is the responsibility of the client(s).

During the therapeutic process, many clients find 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 times, but may also be slow and frustrating. Client(s) should address any concerns he/she has regarding his/her progress in therapy with the therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, the therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, the therapist will not reveal any personally identifying information regarding the client.

### **Records and Record Keeping**

The therapist may take notes during session, and will also produce other notes and records regarding the client(s)' treatment. These notes constitute the therapist's clinical and business records, which by law, the therapist is required to maintain. Such records are the sole property of the therapist. The therapist will not alter her normal record keeping process at the request of any patient. If the client requests a copy of the therapist's records, it must be done in writing. The therapist reserves the right, under California law, to provide the client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. The therapist will maintain the client(s) records for 7 years following termination of therapy. However, after 7 years the client(s)' records will be destroyed in a manner that preserves the client(s)' confidentiality.

### **Confidentiality**

The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except where required or permitted by law.

*Exceptions to confidentiality include:* 1) Child, elder and dependent adult abuse 2) When a client makes a serious threat of violence towards a reasonably identifiable victim 3) When a patient is dangerous to him/herself (e.g. suicidal) or the person or property of another 4) Knowledgeable viewing of child pornography

### **Fee and Fee Arrangements**

The agreed upon fee between the therapist and client(s) for service is \_\_\_\_\_ per \_\_\_\_\_ minute session. Clients are expected to pay for services at the time services are rendered. The therapist accepts cash, checks, and major credit cards. Sessions longer than scheduled time are charged at an additional, pro-rated fee in 15-minute increments. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance.

### **Insurance**

*The client is responsible for any and all fees not reimbursed by his/her insurance company.* The client is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles. The therapist is an out of network provider. The therapist is not a contracted provider with any insurance company. The therapist will provide the client(s) with a statement, which the client can submit to his/her insurance company to seek reimbursement of fees already paid. If the client intends to use benefits of his/her health insurance policy, the client agrees to inform the therapist in advance.

### **Patient Litigation**

The therapist will not voluntarily participate in any litigation, or custody dispute in which the client(s) and another individual, or entity, are parties. The therapist has a policy of not

communicating with the client(s)' attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in the client(s)' legal matter. The therapist will generally not provide records or testimony unless compelled to do so. Should the therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the client(s), the client agrees to reimburse the therapist for any time spent for preparation, travel, or other time in which the therapist has made herself available for such an appearance at the therapist's usual and customary hourly rate.

### **Therapist-Client Privilege**

The information disclosed by the client(s), as well as any records created, is subject to the psychotherapist-client privilege. The therapist-client privilege results from the special relationship between the therapist and the client(s) in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the therapist-client privilege. If the therapist received a subpoena for records, deposition testimony, or testimony in a court of law, the therapist will assert the therapist-client privilege on the client's behalf until instructed, in writing, to do otherwise by the client or the client's representative. The client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. The client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

### **Cancellation Policy**

The client is responsible for payment of the full session fee for any missed session(s) and any session(s) for which the client failed to give the therapist at least 24 hours notice of cancellation. Cancellation should be left on the therapist's voicemail at: **(714) 271-3643**

### **Phone/E-mail**

The therapist has a confidential voice mail system. The therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. The therapist is unable to provide 24-hour crisis service. In the event that the client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

You can reach me through email at: **sarah@sarahkelleytherapy.com**. Email is not guaranteed to be confidential. The client uses email at his/her own risk. If you choose to email, keep correspondence to scheduling and avoid sharing confidential information.

### **Termination of Therapy**

The therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to: failure to pay fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, if client's needs are outside of the therapist's scope of competence or practice, or the client is not making adequate progress in therapy. The client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, the therapist will generally recommend that the client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to the client.

### **Acknowledgement**

By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of this agreement. The client has discussed such terms and conditions with the therapist, and has had any questions with regard to its terms and conditions answered to the client's satisfaction. The client agrees to abide by the terms and conditions of this agreement and consents to participate in psychotherapy with the therapist. Moreover, the client agrees to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

**I understand that I am financially responsible to the therapist for all charges, including unpaid charges by my insurance company.**

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or authorized representative)

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or authorized representative)

\_\_\_\_\_  
Therapist Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist