

PSYCHOTHERAPY CONSENT

LIMITS OF CONFIDENTIALITY STATEMENT

All information between practitioner and client is held strictly confidential. There are legal exceptions to this:

1. The client authorizes a release of information with a signature.
2. The client's mental condition becomes an issue in a lawsuit.
3. The client presents as a physical danger to self (Johnson v County of Los Angeles, 1983).
4. The client presents as a danger to others (Tarasoff v Regents of University of California, 1967).
5. Child or Elder abuse and/or neglect is suspected including the downloading of child pornography (Welfare & Institution and/or Penal Codes).

In the latter two cases, the practitioner is required by law to inform potential victims and legal authorities so that protective measures can be taken. All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to a specified person, persons, or agency.

Initial here: _____

TELEPHONE & EMERGENCY PROCEDURES

If you need to contact Vanita Kunert, LMFT between sessions, please leave a text at 415.297.9044 and your text will be returned as soon as possible. During the week Vanita Kunert, LMFT checks her messages frequently until 8pm. Vanita Kunert, LMFT checks the messages less frequently on weekends and holidays. If an emergency situation arises, please indicate it clearly in your message. If there is a life threatening emergency please call (911).

Initial here: _____

HIPAA

I have been offered a copy of this office's HIPAA Privacy Policies. I understand I can ask for a copy at any time and Vanita Kunert, LMFT will answer any questions I have about these policies. I understand my records are kept on a HIPAA compliant Electronic Health record system.

Initial here: _____

Court Fees

Vanita Kunert, LMFT does not take part in any court cases unless subpoenaed. She charges \$350 per hour for any time spent on court cases, including testifying, depositions, travel time, and wait time.

Initial here: _____

PAYMENT

Clients are expected to pay the standard fee of \$150 per 50 minute session at the end of each session. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. You are responsible for any fees caused by a bounced check or credit card charge back.

Initial here: _____

CANCELLATION

If you are late for a session there will not be extra time granted. Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. If you cancel without 24 hours notice you will be charged 50% of my normal fee.

Initial here: _____

CONFIDENTIALITY OF E-MAIL, CELL PHONE AND FAXES COMMUNICATION

It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify Vanita Kunert, LMFT, at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices/systems. Please note that Vanita Kunert, LMFT uses a cellular phone as her office line. Please do not use e-mail in an emergency situations. Emails received with any detail other than scheduling issues may be printed and part of your file. Vanita Kunert, LMFT encourages you not to send personal information via email. **Initial here:** _____

Social Media Policy Vanita Kunert does not engage with clients in any way on social media sites. She discourages clients from posting in any way about their therapeutic process in order to best protect the client's confidentiality.

Initial here: _____

CONSULTATION

Vanita Kunert may consult with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Initial here: _____

TERMINATION OF THERAPY

I understand that I can terminate therapy at anytime. If I am out of contact with Vanita Kunert, LMFT for 30 days at any time my case will be considered closed.

Initial here: _____

CONSENT FOR TREATMENT

I authorize and request my practitioner to carry out psychological counseling and/or diagnostic procedures, which now, or during the course of my treatment become, advisable. I understand the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I also understand that that while the course of my therapy is designed to be helpful, my practitioner can make no guarantees about the outcome of my therapy. Further, the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and me.

Initial here: _____

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client name (print)_____

Client signature_____

Date_____