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**CONSENT TO TREATMENT AND AGREEMENT FOR SERVICES**

Seeking therapy is an important step of personal growth, and this agreement has been designed to provide you with important information to promote a successful therapy experience. Please read it carefully and feel free to ask your therapist any questions you have. As the patient, you have the right to ask any questions, at any time, about the process, methods being used, and your progress in therapy.

It is your therapist's intention to provide services that will assist you in reaching your goals, and she sees herself and her clients as partners in the therapeutic process. Based upon the information that you provide and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. She will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. While there are no guarantees, therapy will often help you feel better and produce beneficial results. You will know that therapy is working as your relationships are improving, you feel less worried or anxious about a problem, problems are being resolved, or you start feeling better about yourself. However, some people can feel worse or have an increase in symptoms like anxiety or depression before feeling better. Sometimes, new problems can arise. It is important that you bring up any concerns, symptoms, or feelings that come up, so that your therapist can do an ongoing assessment of your situation and design the best treatment plan for you. Your therapist may also discuss or recommend other professionals in your treatment, as appropriate, as she does not give medical advice or prescribe medication.

\_\_\_\_\_ My initial here states that I have read, understand, and agree to this section.

**Agreement for Appointments/ Cancellation Policies**

Therapy sessions are typically **50 minutes long**. The remainder of the hour is spent maintaining therapy notes, as required by law, or making phone calls as needed. 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.**

Your appointment time is reserved exclusively for you, so it important to keep track of your appointments and make them a priority. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your appointment. **If you do not provide your therapist with at least 24 hours notice in advance, you are responsible to pay for the missed session.** Please understand that your insurance company may not pay for missed or cancelled sessions.

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**Fees/Insurance**

The fee per session is \$\_\_\_\_\_ and payment is due in full at each session unless previous arrangements have been made. For your convenience, your therapist accepts cash, check, Visa/MC/Amex/Discover. Also, if you encounter a problem with the payment of fees, it is important to discuss this with your therapist immediately. She will then help you consider various options that are available to you.

Your therapist is not affiliated with any insurance plan but can provide you with a written receipt called a "superbill" that you can submit to your insurance company. The amount of reimbursement 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. Therefore, you are responsible for any unpaid fees your insurance does not cover. Please discuss any questions or concerns that you may have about this policy with your therapist.

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**Confidentiality**

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, elder abuse, or dependent adult abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger to themselves or to others. You have the right to bring up any questions about confidentiality. You also have the right to access your records as defined by state law.

If you participate in marital or family therapy, your therapist 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 such information. **However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with her, when working with other members of your family.

Because **email/texting is not a secure or confidential medium**, your therapist cannot guarantee that any email/text that you may send will remain confidential. Your therapist will consider your communications private and do all she can to maintain confidentiality. She is unable to monitor email/text messages continuously; so the most effective way to reach your therapist in an emergency is by phone.

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**Therapist Availability / Emergencies**

Occasionally, an urgent situation may arise when you need to contact your therapist between sessions for consultation. Please reserve this option for truly urgent matters. These contacts are usually brief, as it is best to handle matters in an actual session. You may leave a message for your therapist on her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call and the best way to reach you.

Please realize that your therapist may not always be available in the late evening or on weekends, but will do her best to return your call as soon as possible. Also, your therapist does not answer her phone when she is with other patients. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that in your message. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 or go to your nearest emergency room.**

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**Length of Therapy /Termination**

Because each person's situation is different, it is impossible to predict the length of therapy or to guarantee a particular result. Some problems can be addressed in a few sessions, while some require a longer course of treatment. Generally, the more you put into the experience and use the tools we discuss *between* sessions, the more quickly you will meet your goals. If you ever get discouraged or are not certain you are making progress, you are encouraged to discuss these concerns. *After all, your goals, thoughts, and feelings are important to your therapist!* Possible solutions include modifying your treatment plan, including other resources, or referring you to another therapist that is a better fit. You are always free to stop your treatment at any time, but are encouraged to discuss your thoughts about stopping with your therapist, so that ending the therapeutic relationship will be a smooth transition.

\_\_\_\_\_ My initial here states that I have read, understand, and agree to this section.

**In conclusion, I have read, understood, and agree to all terms and conditions. I understand all the risks and benefits of treatment and give my informed consent and wish to proceed with psychotherapy. I have a right to a copy of this agreement.**

\_\_\_\_\_  
Date Signature of Client Printed Name

\_\_\_\_\_  
Date Signature of Client Printed Name

**I also acknowledge I have received or been offered a copy of Notice of Privacy Practices and know that my therapist abides by the requirements of a HIPAA provider.**

\_\_\_\_\_  
Date Signature of Client Printed Name

\_\_\_\_\_  
Date Signature of Client Printed Name

As a therapist, I have discussed the above issues with my client. My observations of this person's behaviors and responses give me no reason to believe that he or she is not fully competent to give informed and willing consent to treatment.

\_\_\_\_\_  
Date Signature of Therapist Printed Name