



Informed Consent

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information About Your Therapist

During the intake process, your therapist will discuss their professional background with you and provide you with information regarding their experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

Therapists in this practice:

Licensed Marriage and Family Therapists (LMFT):

- Dawn Wingert (She/Her/Hers) – LMFT Lic #118363

Registered Associate Marriage and Family Therapists (AMFT):

- Joseph Chang – AMFT Lic # 140547
- Maria Cecilia "Maricel" Balala – AMFT Lic #144540

* If your therapist is a Registered Associate Marriage and Family Therapist (AMFT), his/her practice is conducted under the supervision of a licensed mental health professional. The clinical supervisor's name, license type and license number are: Dawn Wingert – Licensed Marriage & Family Therapist (LMFT) – Lic #118363

Fees and Insurance

The fees for 50-minute sessions are:

- \$175 for couples or families
- \$175 for individuals with a Licensed Marriage and Family Therapist (LMFT)
- \$150 for individuals with an Associate Marriage and Family Therapist (AMFT)

Temporary reduced fees are available in cases of financial hardship.

Fees are payable at the time services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. Fees can be paid with cash, check, credit cards, debit cards, and HSA cards directly with your therapist.

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist/provider is a contracted provider for your insurance company, your therapist/provider will discuss the procedures for billing your insurance. 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 your therapist/provider is happy to assist your efforts to seek insurance reimbursement, we are 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 your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

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. 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 them, when working with other members of your family if therapeutically appropriate.

Please feel free to ask your therapist about their “no secrets” policy and how it may apply to you.

There are exceptions to confidentiality. Associate therapists will review client information in supervision. Additionally, therapists are required to report instances of suspected child, dependent adult or elder abuse. Therapists may also be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself.

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. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker if they are the consenting party. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. 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 for payment for the missed

session. Please understand that your insurance company will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies

You are welcome to contact your therapist in between sessions. However, as a general rule, it is our belief that important issues are better addressed within regularly scheduled sessions. Also please be aware that the only truly secure form of communication is face-to-face.

You may leave a brief message for your therapist at any time via voicemail, SMS text message or email. Please refrain from including any sensitive information in these communications. 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. Non-urgent phone calls are returned during the therapist's normal workdays within 24 hours.

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.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

- Domestic Violence Help: Walnut Avenue Family & Women's Shelter (866) 269-2559
- National Suicide Prevention Lifeline: (800) 273-TALK ... (800) 273-8255
- **If you are not in imminent danger but need immediate crisis support call (800) 952-2335** 24-hours a day for Santa Cruz County residents to assess for hospitalization in a psychiatric crisis.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Your therapist will work with you to develop an effective treatment plan. Over the course of therapy, your therapist will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is the goal of your therapist 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, your therapist is 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 your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you 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.

Therapist Communications

Your therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one or more option below. Please inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

- My therapist may call my home phone. My home phone number is: _____
- My therapist may call my cell phone. My cell phone number is: _____
- My therapist may text my cell phone. My cell phone number is: _____
- My therapist may call me at work. My work phone number is: _____
- My therapist may e-mail me. My e-mail address is: _____
- My therapist may fax me. My fax number is: _____
- My therapist may send mail to me at my home address. My home address is: _____

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication therapist will respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You may be charged for time the therapist spends reading and responding to e-mail or text messages.

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

Name of Client(s): _____ Date: _____

Signature: _____

Name and relationship of person signing (if other than client): _____