

AGREEMENT FOR SERVICE/INFORMED CONSENT

This agreement is intended to provide _____ (Client) with important information regarding the practices and procedures of Lara Windett, Licensed Marriage and Family Therapist (Therapist).

Confidentiality: The information disclosed by Client is confidential and will not be released to any third party without the written authorization from Client, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and/or dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

Professional consultation is an important part of psychotherapy. As a Marriage and Family Therapist, Therapist may feel it is in the Client's best interest for Therapist to seek consultation with other appropriate professionals. By signing this agreement Client authorizes Therapist to discuss clinical issues regarding Client with colleagues as deemed appropriate by Therapist.

Fees: Client agrees to pay Therapist a fee of \$_____ per _____. Sessions longer than 50 minutes will be charged additional time pro rata. Telephone calls over 15 minutes will be billed at the same rate. Client will pay the full session fee for any sessions missed or not cancelled at least 24 hours in advance. Therapist reserves the right to periodically adjust the fee, and Client will be notified in advance. **Clients are expected to pay for services at the time services are rendered.** Therapist accepts payments by cash or check.

Insurance: Client is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payor. Client is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles. If Therapist is not a contracted provider with Client's insurance company, Client is responsible to pay the fee at the time of service. Therapist will provide Client with a statement of fees paid which Client can submit to their insurance company for reimbursement.

Therapist Availability: Therapist's office is equipped with a confidential voice mail system that allows Client to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee that calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Client is feeling unsafe or requires immediate medical or psychological assistance he/she should call 911 or go to the nearest emergency room.

Records: Therapist is required to maintain confidential records regarding Client's treatment. These records are the sole property of Therapist. Therapist will not alter records or record keeping procedures at Client's request. Any request made by Client for copies of Therapist's record must be made in writing. Therapist reserves the right, under California law, to provide Client with a treatment summary or refuse to produce a copy under certain circumstances.

Client Litigation: Therapist will not voluntarily participate in any litigation or custody dispute in which Client and another individual, or entity, are parties. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matters. Therapist will not provide records or testimony unless compelled to do so. If Therapist is subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for time spent for preparation, travel, or making a court appearance at Therapist's hourly rate of \$ _____.



Termination of Therapy: Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, nonpayment of fees, conflicts of interest, failure to participate in therapy or comply with treatment recommendations, client needs are outside Therapist's scope of competence, or Client is not making progress in therapy. Client may terminate therapy at any time and will be responsible for payment of all services rendered at that time. Upon decision to terminate therapy Therapist will recommend that Client participate in at least one termination session in an attempt to ensure a smooth transition for Client.

Acknowledgement: By signing below, Client acknowledges that he/she fully understands and agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Client agrees to hold Therapist harmless from any claims, demands, or suits for damages from injury or complications, save negligence, that may result from such treatment. Client further understands that Client is financially responsible to Therapist for all charges, including unpaid charges by Client's insurance company or any other third-party payor.

Signature of Client

Date

I have received a paper copy of Notice of Privacy Practices for this office. (please initial here) _____

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