

Dawn Rodriguez, LMFT

7273 Murray Drive * Stockton, CA * 95210 * 209-688-3529

Informed Consent Disclosure Statement & Agreement for Services

This document is intended to provide important information to 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 this practice:

During your first initial visit, your therapist will discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. Your therapist is Licensed Marriage & Family Therapist.

Information about your therapist:

Name of Therapist: Dawn Rodriguez, MFT. License number: MFC 41286. This therapist is regulated by The Board of Behavioral Sciences. The website for this is: www.bbs.ca.gov.

Financial Agreement:

The fee for service is \$90 per Adult individual therapy session.

The fee for service is \$90 per Child/Adolescent individual therapy session.

The fee for service is \$100 per conjoint (marital/couple/family) therapy session.

The fee for service is \$___ per group session.

*Fees are payable at the time of service unless other arrangements have been previously arranged. The therapist accepts cash, check, or credit/debit cards. Sessions are approximately 50-55 minutes in length. There will be a \$25.00 service charge for any checks returned from the bank. The therapist reserves the right to refuse payment by personal check at any point during the course of treatment. Should this be the case, you will be informed in advance of your next therapy session. You agree to pay the therapist any costs of collection services,

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attorney's fees and court costs, in the event that legal action is required to enforce collection. All fees will be periodically reassessed.

Regarding Insurance:

Please inform your therapist in advance of your therapy session if you wish to utilize health insurance to pay for services. If your therapist is a contracted provider for your insurance company, your therapist 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 you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist is happy to assist your efforts to seek insurance reimbursement, it is not a guarantee that the insurance will provide payment for the services that were provided to you. Please discuss any questions/concerns that you may have about this with your therapist. If for some reason you find that you are unable to continue to pay for your therapy, you should inform your therapist. Your therapist will help you consider any options that may be available to you at that time.

Confidentiality and Adults:

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, the therapist will not disclose confidential information about your treatment unless all persons who participated (in the treatment) with you provide their written authorization to release the information. In addition, your therapist will not disclose information communicated privately to him or her by one family member, to any other family member without written permission. In relation to Marital/Couples counseling, there is a "No Secrets" policy that states that information shared by one member of a couple with the therapist, when the other member of the couple is not present, may be disclosed to the other partner at the therapist's discretion and in the best interest in therapy.

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The following are exceptions to Confidentiality:

- *Suspected child abuse (physical, sexual or emotional)
- * Downloading, streaming, or accessing through electronic or digital media, material in which a child is engaged in an obscene or sexual act. Child Abuse and neglect Reporting ACT (CANRA).
- *Dependent adult or elder abuse (physical, emotional or financial)
- *If a client is threatening serious bodily harm to another person/s, the therapist must notify the police and inform the intended victim.
- *If a client intends to harm himself/herself, the therapist will make every effort to enlist the client's cooperation to ensure safety. If they do not cooperate, the therapist will take further measures without their permission that are provided to the therapist by law in order to ensure safety of client or others present.
- *The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents along with other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Minors & Confidentiality:

*The Federal and State laws relating to confidentiality and privilege for minors are often at odds and leave no clear indications of the rights of minors to confidentiality in psychotherapy. Best practice would suggest that the therapist make every effort to maintain the confidentiality of all children, including making the fact of that arrangement clear with the parents/care-givers during the initial session of psychotherapy. In addition, there are many variables that the therapist take into consideration in determining what is in the best interest of the minor, such as, the minor's ability to participate maturely in treatment and the circumstances in each individual minor's treatment.

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*Parents/legal guardians who provide authorization for their child's treatment are often involved in their treatment. It should be noted, though, that when a child must be in psychotherapy, the success of the treatment usually requires (a) that the child have some privacy and that the parents *not* be told everything that happens in the treatment, and (b) that the parents be kept informed of the child's progress and be notified of any imminent danger the child/adolescent reports or participates in.

*Under state law, providers may refuse to provide parents or guardians access to a minor's medical records when "the health care provider determines that access to the patient records requested by the [parent or guardian] would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being." Cal. Health & Safety Code § 123115(a)(2).

*Providers applying this exception in good faith to limit parent access to records shall not be liable for their refusal to share records. Cal. Health & Safety Code § 123115(a)(2).

*I do not provide custody evaluations, recommendations or determination of guardianship/custody.

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. These may include, but are not limited, a referral to a new therapist, changing your treatment plan or termination of your therapy.

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Regarding Legal Matters:

By signing your name to this informed consent contract, you agree that, if I am brought into a legal matter involving you, in any way, you will compensate me at the rate of \$180.00/hour. You agree that these fees are higher rates than my hourly fees for psychotherapy, and that is because legal involvement is time/energy-consuming and may interfere with my practice responsibilities.

Missed Appointment Policies:

I value your time and participation in the counseling process. I want your counseling experience to be positive and helpful in all ways. Counseling is most effective when appointments are kept consistently. It is my pledge to meet with you for your appointment in as timely a manner as is possible and I expect for you to make all reasonable efforts to attend your appointments and to be on time. When you schedule your appointment, you have reserved this time in my schedule and I have placed it aside to meet with you. If you must cancel or change your appointment, I require that you contact my office at 209-688-3529 at least 24 hours in advance. This will allow me to contact clients on my waiting list and to offer them this appointment time. At some point in your counseling process you may be the beneficiary of such a fill-in appointment. If you do not keep your appointment and have not called to cancel or reschedule within the allotted time limits, you will be charged a missed appointment fee of \$85.00. The only exceptions to this policy are appointments missed due to last minute illness or emergencies. You should note that insurance companies do not reimburse members for such charges. You will be billed directly for missed appointments. Payment for missed appointments is due on or before your next scheduled appointment. If you have not paid in advance, you should be prepared to pay this fee at the time you check in for your next appointment. Thank you for taking time to review my missed appointment policies. I hope making them very clear will eliminate any possible misunderstanding if they need to be applied during your counseling process.

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***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 this document.**

Signature of Client _____

Signature of Parent/Guardian _____

Date _____

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