

INFORMED CONSENT

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Welcome

The following information should be helpful to you as you enter therapy, and is meant to serve as an agreement between us as we begin working together. Please read and initial each section that applies. Feel free to ask if you have any questions.

Length of Treatment

Treatment term is based on the goals you've set for yourself. You are free to cancel treatment anytime. However it is recommended that you maintain a minimum number of sessions based on mutually establish goals for your case.

I have read and understand this section: _____

Risks and Benefits of Psychotherapy

In most cases, the process of psychotherapy brings about positive changes in clients' lives. In some instances however, the psychotherapeutic process can bring up strong negative emotions and distress. The goal of therapy is to reduce such problems over time. Most people find that the long-term benefits of therapy outweigh the short-term risks. You maintain the right to seek a second opinion at any time, and referrals to other therapists or agencies will be given at your request. Successful therapy requires that you take an active role in your own treatment, and work in partnership with your therapist. It is important that you are a willing and active participant in your treatment. If you have any questions about your treatment or treatment options, please ask.

I have read and understand this section: _____

Confidentiality

Maintaining confidentiality is very important in any therapeutic setting. Every effort will be made to keep your identity and personal information private. Unless you give written consent, I'm bound by law to keep your information confidential. In the case of couples or family therapy, records may only be released if all parties sign a written consent form. If we should meet in public, it's my policy NOT to initiate contact with

you. This is for your protection. You are free to break your own confidentiality by talking to me. Please beware doing so you may not be able to maintain your confidentiality based on others presence. In any event, I will not discuss details of your case with you outside of regularly scheduled sessions.

There are a few exceptions to confidentiality that you need to be aware of. I am required and/or allowed by law to disclose certain information about you, without your permission, for the following reasons.

1. **Duty to Protect:** If I have reasonable suspicion that you are actively planning to harm yourself, I will take steps, up to and including, hospitalizing you against your wishes, in order to prevent a tragedy.
2. **Duty to Warn:** If I have reasonable suspicions that you're planning an act of violence against another person I have a duty to warn them of such planned acts.
3. **Duty to Report:** If I have reasonable suspicion to suspect your involvement, or you inform me of an active case of child/elder/or dependent adult abuse and/or neglect I am mandated by law to make report such suspicions. This includes active child-pornography usage and/or any sexual contact/communications with a minor less than 16 years of age.
4. **Duty to Comply with Court Orders:** If I'm instructed by a Court Order to release your information, I'm legally bound to comply with such orders.
5. **Duty to Respond to Emergencies:** If a medical or psychiatric emergency arises in which your information is essential to an individual's safety, it may be released without your permission.

I have read and understand this section:_____

Confidentiality with Respect to Minors

Minors have the right to confidential therapy. For parents or legal guardians who share legal custody, both parents must consent to their child's treatment before the second session. Session records will not be released to parents or guardians without the minor's written consent. A minor must also have written parental consent to participate in therapy group(s). Any information shared by one parent will be shared with the other parent through the therapist, if both parents have legal custody. As the therapist I will NOT communicate with attorneys for either parent or guardian.

Records will only be released by court order, or by consent of both the minor and the parents.

I have read and understand this section: _____

Confidentiality with Couples

Couples are seen as a single "Unit" of treatment, even if seen individually. If during a private conversation you or your partner disclose significant information with me, and I feel it's in the best interest of the relationship to disclose it to your partner, I will encourage you to share that information voluntarily with them in a joint session. If you do not share this information, I may elect to terminate our working relationship. Information that doesn't directly affect the couples' relationship, or that would serve no benefit to the partner, are not relevant. Information that affects the couples' relationship, or could influence the partner on whether to stay or go, are relevant. This position allows for some of the benefits of confidentiality without the drawbacks of holding to a rigid No-Secrets Policy. (An example of a confidential item would be details of past sexual abuse. An example of a non-confidential item would be an affair.)

I have read and understand this section: _____

Fees

Individual therapy sessions are charged at a rate of **\$140.00** per session. A sliding scale fee may be offered when needed based on hardship. Sessions are 50 minutes in length, with the fee due at the beginning of the session. Payment can be made with cash, credit card, or check - made out to Lana Pivovar . ***There is a \$35.00 fee for returned NSF checks.***

I have read and understand this section: _____

Missed or Rescheduled Appointments

Should you need to cancel or reschedule an appointment, ***please call at least 48 hours*** in advance, if possible. Please note: no shows, or cancellations in less than 48 hours of the scheduled appointment will be charged full fee.

I have read and understand this section: _____

Use of Technology

A variety of digital technologies will be used to aid and simplify your treatment. These technologies including, but not limited to, processing emails, booking and sending appointment reminders, documenting your treatment, as well as processing billing

and payments. Every effort has and will be taken to safeguard your personal information within approved industry practices. If you have any questions or concerns about this please feel free to ask for further clarification.

I have read and understand this section: _____

How to Reach Me

Messages can be left on my confidential office voicemail: **(916) 761-7165**. I make every attempt to return weekday calls within 24-48 hours. If you think you have a medical or psychiatric emergency, please dial 911 for assistance, or call one of the below numbers.

Sacramento Country Mental Health 24-hour Crisis Hotline **(888) 881-4881** Placer County Mental Health 24-hour Crisis Hotline at **(916) 773-3111**.

I have read and understand this section: _____

Acknowledgement

By signing below, you are acknowledging that you have read and understand this document, that you voluntarily agree to participate in therapy, and you agree to the limits of our confidentiality as outlined above.

Client signature *Date*

Client signature *Date*

Parent/Legal Guardian signature/relationship to child *Date*

If the client being seen is under the age of 18, legal guardian needs to consent to treatment.