

## PAULETTE CLARK

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CA, 92630

Phone and Fax: (949) 313-1093

PauletteClarkCounseling.com

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### INFORMED CONSENT

- ◇ I understand that my Therapist, Paulette Clark is a licensed Marriage and Family Therapist.
- ◇ Information discussed in the therapy setting is held confidential and not shared without written permission except under the following conditions:
  1. If the client threatens suicide.
  2. If the client threatens to harm another person.
  3. If I have reason to suspect that a minor is being abused: including, but not limited to physical abuse, sexual abuse, neglect, and unjustifiable cruelty or unreasonable punishment.\*
  4. If I have reason to suspect that an elderly person over 65 years of age or a dependent adult is being abused or neglected.\*
  5. If I am ordered by the courts to break confidentiality to comply with legal requirements.
  6. If I consult with other marriage and family therapists, social workers, or psychologists in order to provide you with the best care and service.
  7. If I have a written release from you, authorizing me to speak with a party you designate such as a doctor, other healthcare provider, school, or family member.
  8. If I am asked to communicate with your insurance company representative about your coverage, or to verify treatment.

\*State law mandates that mental health professionals need to consult with social services to report these situation to the appropriate agency designated to receive such a report.

All other communications between therapist and client will be deemed **confidential** under the laws of the state.

- ◇ There are many benefits from therapy treatment. The style of therapy I use is a combination of guidance, coaching, therapy, counseling, education, and homework. I also use a specialized treatment plan to establish secure attachments in relationships between couples, and/or between parents and children. We will establish goals for your treatment so that your needs and objectives are met. There are no guarantees with any form of therapy. The possible risks you may encounter may be that you may feel worse before you feel better and/or your relations may suffer as you begin to feel better. We will keep working together as you go through the therapeutic process to meet your therapy goals.

- ◇ Professional conduct and Ethics: I agree to abide by the Ethical Standard of the California Association of Marriage and Family Therapists. These standards are accessible on the Association’s website [www.camft.org](http://www.camft.org). I also comply with the standard of professional conduct in the licensing law for the profession of Marriage and Family Therapists: California Business and Professions Code 4982.
- ◇ Therapy appointments are made in advance and this time is held for you. To be able to fully maximize the benefit of therapy, it is important to attend therapy on a regular, agreed upon schedule. Breaks in the therapy process cause your progress to slow or be hindered. Therefore, because of this important benefit, and to honor the time set aside for you, I maintain a “no cancellation policy.” This means that, if you are not able to keep your regular appointment, you will be charged the agreed upon amount for that appointment. You may reschedule this missed appointment at a later time for no additional fee. There may only be one appointment at a time that is eligible to be rescheduled. If there are two missed appointments, the oldest appointment time will be cancelled. If you are unable to attend a scheduled appointment, please give as much notice as possible so that this time can be used by others who would like to schedule.
- ◇ To contact me between sessions, please call and leave a message on my voice mail 949-313-1093. I will return your call within 24 hours except on weekends. If you have a life threatening emergency, please call 911 or go to your nearest Emergency Room. For calls that exceed 10 minutes, you will be charged by prorating the hourly rate. This policy also applies to long voice mails, or e-mail communications that require a longer than the 10 minute period of time to review.
- ◇ My fee is \$145 for a 50-minute session.

**Having read and understood the above, I/we agree to these limits of confidentiality, and to these conditions of our work together.**

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Name of Client

\_\_\_\_\_  
Printed name of Therapist

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Name of Client

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date