

Lisa Brookes Kift, MFT #45087
119 Ward Street
Larkspur, CA 94939
(415) 261-7143

INFORMED CONSENT FOR SERVICES

I look forward to working with you and want to offer you some important information about the services that you will receive from me. This consent form will provide a clear framework for our work together. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

MEETINGS AND SCHEDULING

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your goals. My sessions are 50 minutes in length (1 therapy hour). Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours [1 business day] advance notice of cancellation. Cancellation notice should be left on my voice mail.

PROFESSIONAL FEES

My hourly fee is **\$150.00** payment method is cash, check, or Paypal. All checks payable to Lisa Brookes Kift, to be paid in full at the end of each therapy session. A \$20.00 charge will be added to any returned checks. In addition to weekly appointments, I offer an e-mail "check-in" service for important issues that have arisen in between session. I charge a \$40.00 fee for a one-time response to your inquiry to help problem solve and alleviate distress as much as one exchange can. It is not a replacement to coming into the office but a supplement service if needed. Other services include report writing, telephone conversations or lengthy emails (billed in 6 minute increments), attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. (Due to the difficulty of legal involvement, I charge \$250.00 per hour for preparation and attendance at any legal proceedings.)

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. (In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment.) If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve

hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CANCELLED/MISSED APPOINTMENTS

A scheduled appointment means that time is reserved only for you. Cancellations must be made 24 hours in advance (1 business day not including weekends); otherwise, client is responsible for the full session fee.

INSURANCE REIMBURSEMENT

I do not take insurance at this time; however, I will provide a monthly receipt that you can submit to your insurance for reimbursement upon your request. The form will include CPT Codes and DSM-IV Diagnostic codes for the insurance company.

TELEPHONE ACCESSIBILITY

I will make every effort to return your call within 24 hours with the exception of weekends and holidays – but I am unable to provide 24-hour crisis service. Should you have a clinical emergency that requires immediate attention, please call 911 or go to the nearest emergency room.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

TERMINATION OF THERAPY

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, conflicts of interest or if Client needs are outside of therapist's scope of competence or practice.

Client also has the right to terminate therapy at his/her discretion, without any obligation, except for fees already incurred. Upon either party's decision to terminate therapy, I will generally recommend that Client participate in one termination session which is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work.

RECORD KEEPING

I will take notes during session, and will also produce other records regarding treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of Therapist. I will not alter my normal record keeping process at the request of any client.

Should you request a copy of my records; such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records.

Finally, you have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together. Therapy involves a partnership between Therapist and Client. As your therapist, I will contribute knowledge, skills and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to growth.

OUTPATIENT SERVICES CONTRACT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature

Date

Additional Client Signature

Date

Provider Signature

Date