

Lisa Brookes Kift, MA.  
Marriage & Family Therapist  
MFC #45087  
711 D. Street, Suite G, San Rafael, CA. 94901  
and  
1330 Lincoln Blvd., Suite 209, San Rafael, CA. 94901

### **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 and will begin to build our therapeutic relationship. Please feel free to discuss any concerns that arise with me.

1. **Introduction:** Therapist is a licensed Marriage and Family Therapist and has been seeing primarily individuals and couples since 2004. Her theoretical orientation can be described as “eclectic,” marrying together aspects of family of origin work, cognitive behavioral, attachment theory and Bowenian concepts. She works collaboratively with her Clients and strives to help them uncover their own personal strengths.
2. **Confidentiality:** As Client’ s therapist, Therapist is legally prohibited from revealing to another person that Client is in therapy with Therapist, nor can Therapist reveal what Client has said to Therapist in any way that identifies Client without Client’ s written permission. However in the following instances, Client’ s right to confidentiality must be set aside as required by law or professional guidelines:
  - A. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
  - B. If Therapist has a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, Therapist must warn the intended victim, and Therapist must also notify the proper authorities.
  - C. If you, as a client, reveal a serious intent to harm yourself, Therapist is ethically bound to do what Therapist can to help maintain your safety, which may involve notifying others who may be of assistance.
  - D. If a judge orders Therapist’ s testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, Therapist might be required to release your confidential information to the court.

In all of the above cases, it is incumbent upon Therapist to release only that information necessary to appropriately carry out Therapist’ s responsibilities. Client’ s confidentiality still remains an ethical priority. In order to provide the best possible service to Therapist’s clients, Therapist may consult with other licensed professionals from time to time for additional therapeutic perspectives. In these

consultations, Therapist will protect Client's anonymity. Unless Client objects, Therapist will not notify Client of these consultations unless Therapist feels that it is important to our work together.

3. **Risks and Benefits of Therapy:** Psychotherapy is a process in which Therapist and Client discuss a variety of issues, events, experiences and memories for the purpose of creating positive change so client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand one self, as well as, any problems or difficulties Client may be experiencing. Participating in therapy may result in a number of benefits to client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client's perceptions and assumptions, and offer different perspectives. The issues presented by client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of Client. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with me.
4. **Appointments:** Client's weekly appointment time is reserved for Client. Therapy sessions are normally a 50 minute hour. Cancellations must be made 24 hours in advance; otherwise, Client is responsible for the session fee. Cancellation notice should be left on Therapist's voice mail at (619) 977-6426. Therapist will make every effort to reschedule Client during the same week, but cannot guarantee that this will always be possible. Regular attendance is recommended to insure continuity of services and to enhance the effectiveness of the therapy. Therapist will notify Client of intended vacation leave two weeks in advance. However, Therapist does reserve the right to cancel session without two weeks' notice in cases of emergency. Therapist will provide as much advanced notice as possible.
5. **Professional Fees and Payments:** The agreed fee is per session. Therapist and Client will discuss and establish our fee at the outset of treatment, and any fee change will be negotiated in good faith. Therapist's fees may increase over the course of treatment, but only with prior notification of three weeks and consideration of Client's financial ability to pay and to continue in treatment. Typically, fees will be raised once yearly. Payment is expected at the time of each session, unless we agree otherwise. Therapist does not take insurance at this time but is happy to provide a monthly statement of services if requested. Client may contact their insurance provider to see if they will reimburse any for an out of network provider and MFT Intern. Balances more than 120 days overdue may be subject to collection through the use of a collection agency.

However, Therapist will first attempt to make other arrangements with Client as needed. In general, it is important to discuss with Therapist any issues that arise in connection with our financial arrangements, so that they do not hinder the working relationship.

6. **Telephone Accessibility:** Therapist is not necessarily immediately available by telephone. Therapist does monitor her messages frequently and will make every effort to return Client's call within 24 hours of when Client makes it with the exception of weekends and holidays. If Client is difficult to reach, please leave some times when Client will be available. Therapist is unable to provide 24-hour crisis service. Should Client have a true clinical emergency that requires immediate attention or action, Client will need to call 911 or go to the nearest emergency room. In certain situations, Therapist will do phone sessions with Client. The fee is the same as an office visit.
7. **Termination of Therapy:** Therapist reserves the right to terminate therapy at her 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, Therapist will generally recommend that Client participate in at least one termination session. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done.
8. **Client Litigation:** Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual or entities 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 matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed or ordered by a court of law to appear as a witness in an action involving Client, Client agrees to reimburse therapist for any time spent for preparation, travel, or other time in which therapist has made herself available for such an appearance at Therapist's standard hourly fee.
9. **Record Keeping:** Therapist will take notes during session, and will also produce other notes and records regarding treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any client. Should Client request a copy of Therapist's records; such a request must be made in writing. Therapist reserves the right, under California law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Client's records for ten years following termination of therapy. However, after ten years, Client's records will be destroyed in a manner that preserves Client's confidentiality. Finally, Client has the right to expect that Therapist will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with Client, all of which would greatly compromise

our work together. Therapy involves a partnership between Therapist and Client. As Client's therapist, Therapist will contribute knowledge, skills and a willingness to do her best. The determination of success, however, will ultimately depend upon Client's commitment to Client's own personal growth and care. Client's signature on the following page indicates that Client has read and understood this information, and agrees to abide by its terms during our professional relationship.

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Print Name Date

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Signature Date

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Print Name (Additional Client) Date

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Signature (Additional Client) Date

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Provider's Signature Date