

Julie Laraway, L.M.F.T.
Licensed Marriage & Family Therapist License No.: MFC 41695
25050 Peachland Avenue, Suite 250
Newhall, CA. 91321
(661) 236-8925

Informed Consent for Treatment

Hello, and welcome to my practice. I would like to thank you for the opportunity to serve your psychotherapy needs. I look forward to working with you and want to share some important information about the services you will receive.

The therapeutic relationship is unique in that it is a highly personal relationship while at the same time it's a contractual agreement. Given this, it is important for us to reach a clear understanding about how our therapeutic relationship will work, and what each of us can expect. This Consent for Treatment is intended to provide a clear framework for our work together. Should you ever have any questions, concerns and/or comments regarding your treatment, you are welcome to discuss them with me at any time. Also, if any of the information presented here is unclear, please ask me to clarify prior to signing the last page.

Risks and Benefits of Therapy

Psychotherapy is a process in which therapist and client discuss a variety of issues, events, personal experiences and history for the purpose of creating positive changes so the client can experience his/her life more fully. It can provide the opportunity to better and more deeply understand one self, better understand problems or difficulties a client may be experiencing, and ultimately achieve more satisfying life circumstances and relationships.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, anxiety, anger, frustration, fear, guilt, loneliness and helplessness. In the course of therapy, I may at times challenge some of your assumptions, perceptions and/or propose different ways of looking at, thinking about, or handling situations, which may cause you to feel upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal and interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors (e.g., employment, schooling, housing, relationships, substance abuse). Sometimes a decision that is positive for one family member may be viewed quite negatively by another family member. Change(s) can sometimes be easy and swift, while more often it may be slow and even at times frustrating. Any concerns you may have regarding this and/or your progress in therapy should be shared and discussed with me at any time during the course of our work together.

On the other hand, participating in therapy has also been shown to result in a number of benefits for people who go through it. Such benefits may include, but are not limited to, reduced stress and anxiety, improved mood and overall functioning, increased comfort in social, work and family settings, increased capacity for intimacy, increased self-confidence, improved interpersonal relationships, a decrease in negative thoughts and self-sabotaging behaviors. In most cases, working toward benefits such as these will require substantial effort on your part, which can include regular attendance, active participation in

the therapeutic process, openness and honesty, willingness to change thoughts, feelings and behaviors, as well as a willingness to work on things we talk about both during our sessions and at home.

Therapy involves a partnership between client and therapist, and as your therapist I will contribute my knowledge, skills, and willingness to do my best. The determination of success; however, will ultimately depend upon your commitment to your own personal growth and care. There is no guarantee that therapy will yield any or all of the benefits listed above.

Confidentiality

In general, therapy sessions and information shared between a licensed marriage and family therapist and a client are protected by law and cannot be released without a client's specific and written permission.

There are however, legally defined situations in which your right to confidentiality must be set aside. They are as follows:

1. If there is reasonable suspicion and/or known instance of physical or sexual abuse, emotional cruelty, or neglect of child, elder, or adult dependent. In such case(s), I am legally obligated to must file a Child/Elder Abuse report, to the respective agency.
2. If I have reason to believe that you pose significant harm to yourself or to the person or property of another person, I may be legally obligated to take protective action. These actions may include notifying the potential victim, contacting law enforcement personnel, and/or seeking hospitalization for you.
3. If you, as my client, reveal a serious intent to harm yourself I may be obligated to enlist the support of your family members and others who can provide protection, and/or seek hospitalization for you.
4. If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue.

In all the above cases, it is incumbent upon me to release only that information which is necessary to appropriately carry out my legal responsibilities. Your confidentiality will remain my ethical priority.

Your right to privacy and confidentiality is of utmost importance to me. If we happen see each other accidentally outside of the therapy office, I will not acknowledge you first as I do not wish to jeopardize your privacy. If however, you acknowledge me first I am more than happy to speak briefly with you, but feel it would not be appropriate to engage in any lengthy discussions in public or outside of the therapy office.

Professional consultation is an important component of a healthy psychotherapy practice. As such, I may, from time to time, participate in clinical, ethical and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding my client(s). The consultant whom I collaborate with is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important to our work together.

In couple and/or family psychotherapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between couple or among family members, unless otherwise agreed upon. I will use my clinical judgement when revealing such

information. I will not release records to any outside party unless authorized to do so by all parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

Acknowledgement

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions presented in this Informed Consent document. I acknowledge that I have discussed such terms and conditions with Julie Laraway, M.A., LMFT and have had any questions regarding the terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement, and agree to hold Julie Laraway, M.A., LMFT free and harmless from any claims, demands, or suits for damages for any injury or complications whatsoever, save negligence, that may result from such treatment.

By signing, I understand that I am giving my consent to be treated by Julie Laraway, M.A., LMFT and/or for my child to be treated by Julie Laraway, M.A., LMFT. This agreement shall remain in effect for the duration of your therapy or until you provide revocation of your consent to Julie Laraway, LMFT. I further acknowledge that I have received a copy of this letter for my own records.

Patient Name

Patient Name

Patient Signature Date

Patient Signature Date

Parent/Legal Guardian Signature

Date

Psychotherapist Signature

Date

I understand that I am financially responsible for any and all charges, including unpaid charges by my insurance company or any other third-party payor.

Patient Name

Patient Name

Patient Signature Date

Patient Signature Date

Parent/Legal Guardian Signature Date

Julie Laraway, L.M.F.T.
 Licensed Marriage & Family Therapist License No.: MFC 41695
 25050 Peachland Avenue, Suite 250
 Newhall, CA. 91321
 (661) 236-8925

Office Policies

This document outlines several important business policies for my practice. Please carefully read and review this form, then sign to indicate your agreement to the terms outlined below.

Appointment and Cancellation Policy

Therapy sessions are 50 minutes in length, unless other arrangements are made in advance. Sessions longer than 50 minutes are charged for the additional time pro rata. I strive to begin our session on time each week, and greatly appreciate your assistance in helping us end on time. This allows me to extend the same courtesy to each of my clients.

Your weekly appointment time is reserved for you. If you need to cancel or reschedule an appointment, you agree to provide at least **24-hours advance notice in order to avoid charge.** **Cancellation notice should be left on my voice mail at (661) 236-8925 or via email at jaraway@gmail.com** If less than **24-hour notice** is given, you agree to pay the FULL FEE for the missed session, based upon the rate negotiated at onset of treatment. (Please note: if you are submitting for insurance reimbursement, insurance companies do not cover nor reimburse any fees, or portion of any fee, for missed appointments; therefore, you agree to be fully responsible for the full session fee). This fee may be waived at my discretion depending upon the circumstances. If it is possible, I will make every effort to reschedule the missed appointment during the same week but cannot guarantee that this will always be possible.

Telephone Accessibility / Emergencies

I am often not immediately available by telephone. My office is equipped with a confidential voice mail system that allows for messages to be received at any time. You are welcome to contact me at (661) 236-8925. Messages will be monitored regularly throughout the day, and every effort will be made to return calls within 24 to 48 hours, with the exception of weekends and holidays.

**** My practice does not provide 24-hour crisis services. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, please call 9-1-1 or go to the nearest emergency room. ****

I do not charge for telephone consultations/conversations that are less than 10 minutes in length; however, time spent longer than 10 minutes will be charged using a pro-rated amount based on your established session fee. In addition, from time-to-time, I may engage in telephone contact or attendance at meetings with third parties at your request, and with your advance written authorization. You agree to be responsible for payment of the agreed upon fee (on a pro rata basis) for any time spent in such professional activities lasting longer than 10 minutes.

In the event that I am out of town or am unavailable, I have an agreement with trusted colleagues for them to “cover” and take emergency calls in my absence. I have chosen these licensed mental health providers with great care and will share only necessary information with them that will allow them to provide appropriate care for you. This information may include a summary of diagnosis, treatment plan and/or any specific areas of concern.

I am ethically and professionally bound to ensure that you receive competent care should I become unable to continue to provide it for whatever reason. Just like you, unplanned things can happen to me including sickness, accidents and even death. In the event that I am ever unable to continue to provide my services to you, I have identified a trusted colleague who will manage my practice and act as a “Bridge Therapist,” along with additional therapists whom I have identified and who may offer continuing care. If something were to happen to me, this “Bridge Therapist” will have access to your contact information, contact you and will inform you of my situation and status, offer to meet with you and/or make referrals to other practitioners whom I’ve identified and trust.

Professional Fees and Payments

My customary fee is \$200 per 50-minute session. We will discuss and establish our fee at the onset of treatment, and any fee change will be negotiated in good faith. I reserve the right to adjust my fee over the course of treatment, only after giving 30 days prior notification and with consideration of your financial situation and ability to pay – typically fees will be raised once per year.

Fees are due and payable at the time of each session. I accept cash, check, debit card and most major credit cards [Visa, MasterCard, American Express and Discover]. If using personal check, you agree to be responsible for and reimburse for any and all bank fees incurred for returned checks. If you elect to pay via debit or credit card, several additional policies will be in effect. If you have any questions regarding payments you make, you agree to contact Julie Laraway, LMFT by phone at (661) 236-8925 or email at jlaraway@gmail.com. In the event of a dispute, you agree that you will not pursue a refund directly through your debit/credit card company, bank or financial institution. If your actions yield a chargeback for any reason, you agree to be responsible for and reimburse for any and all penalty fees incurred by Julie Laraway, LMFT.

In the event of an unpaid balance, following prior attempts to make payment arrangements, you acknowledge that balances more than 45 days overdue may be subject to collection through the use of a collection agency. In general, it will be important to discuss any issues that arise in connection with the financial aspects of your therapeutic treatment, so they do not hinder nor negatively impact our therapeutic relationship.

Insurance

I am not contracted with any insurance carriers. If you have a health insurance policy, it may provide some Out of Network coverage for mental health treatment.

Some insurance plans may provide reimbursement for services received from “Out of Network” providers, like myself. If this is a benefit provided to you through your specific plan, I will fill out forms and provide you with a superbill to assist in helping you seek reimbursement; however, you (not your insurance company) are responsible for full payment of my fees. Not all issues/conditions/problems which are dealt with in psychotherapy are reimbursed by insurance companies, and you acknowledge that it is your responsibility to know the terms and conditions of your insurance plan (i.e., deductible, provider network, etc.), and agree to handle any and all applicable disputes with the insurance company for non-reimbursed services provided in good faith. You should carefully read the section in your insurance coverage booklet that describes mental health services. Questions regarding your specific coverage should be directed to your plan administrator.

In addition, if you chose to seek reimbursement from your insurance company for using an “Out of Network” provider you should be aware that I will need to provide the insurance company with a clinical diagnosis. At times, I may also need to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record. Once released, this information will become part of the insurance company’s files and will most likely be stored in a computer. Although all insurance companies claim to keep such information confidential, I have no control over what they do with it once it leaves my office and is in their hands.

Electronic Communications

Although various means of electronic communication has become commonplace in our society, whether relationships are social or professional, many of these modes of communication put your privacy at risk and can be inconsistent with the law and standards of my profession. With that in mind, I have the following policies to assure the security and confidentiality of your treatment, and to assure that it is consistent with ethics and the law:

I will use email communications only with your permission and only for administrative purposes (i.e., setting and changing appointment times, billing matters, etc.) unless we have made a prior agreement. You acknowledge your understanding that email is not a secure and completely private form of communication. Because of this, please do not email me about clinical or sensitive personal matters as I cannot guarantee that the information will be kept completely secure and confidential.

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message with anyone in treatment with me regarding any clinical or personal matter. From time to time a client may text message regarding a scheduling issue; however, this is not a secure form of communication and I cannot guarantee immediate response. I request that you do not use this form of communication to discuss therapeutic material or request assistance for emergencies. Contacting me by phone call at 661-236-8925 and/or email at jaraway@gmail.com is best.

Social Media

In order to ensure your confidentiality and minimize dual relationships, I do not accept friend requests from current or former clients on social networking sites, such as Facebook, LinkedIn, or GooglePlus. I am ethically bound to maintain professional boundaries and relationship with my clients at all times, and will adhere to these ethical guidelines. You have the right to expect that I will maintain professional and ethical boundaries and in order to do so, I will not enter into any personal, financial, or professional relationships with you – all of which would greatly compromise our therapeutic work together.

In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate and/or unknown. I will not use web searches to gather information about you without your permission. I believe this violates your privacy rights. However, I understand that you may choose to gather information about me in this way. I ask that if you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment and our therapeutic relationship.

Clients may at times find it useful to have their smart phone and/or other electronic devices with them during session; however, at no point will I nor will you record the confidential session content and communication without first discussing and mutually consenting to the use of such technology. If you have an interest and/or need to have access to our session content we should discuss options available to you, and mutually agree on what will best serve your needs.

Online Review Sites

You may find my psychotherapy practice listed on sites such as Yelp, Healthgrades, Yahoo Local, Google, Bing or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating or endorsement from you as my client. My ethics code prohibits me from requesting testimonials. California Marriage and Family Therapist Association Ethics Code 10.6 states: "Marriage and Family Therapists do not solicit testimonials from patients."

I would ask that you not rate my work with you while we are in treatment together, but rather request and encourage you to bring your feelings and reactions to our work directly into our therapeutic process, both negative and positive. I am committed to hearing your thoughts, feelings and experiences and will approach this with care and respect, both when feedback offered is negative and positive. This can be an important part of our therapy, even if you decide we are not a good fit to continue working together.

None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you choose. You are more than welcome to tell anyone you wish that I am your therapist and/or how you feel about the treatment I have provided for you, in any forum of your choice. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public form and there is a good possibility that I may never see it. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy. I also urge you to take your own privacy as seriously as I take my commitment of confidentiality for you. Confidentiality means that I cannot tell people that you are my client, and confidentiality prohibits me from responding to any review on any of these sites, whether positive or negative.

Patient Litigation

I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with attorneys, and I do not write or sign letters, reports, declarations, or affidavits to be used in your legal proceedings or matters. I generally do not provide records or testimony unless compelled to do so by the court (i.e., ordered by a judge).

Should I receive a subpoena, be compelled to release records and/or be court-ordered to appear as a witness in an action involving yourself, you agree to reimburse for any and all time spent. This includes letter writing, telephone consultations, documentation preparation, appearance/deposition preparation, travel, attendance at any legal proceeding and/or any other time in which I have made myself available for such. You acknowledge that reimbursement for legal related services will be billed at the hourly rate of \$450.00, to which you agree to be financially responsible for, paying a minimum of 4 hours in advance and paying additional fees accrued in a timely manner.

Psychotherapist-Patient Privilege

The information disclosed by you, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between a therapist and a client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, you are the holder of the psychotherapist-patient privilege. If I receive a subpoena for records, deposition testimony or ordered for testimony in court of law, I will assert the psychotherapist-patient privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. You should be aware that you may be waiving your psychotherapist-patient

privilege if you make your mental or emotional state an issue in a legal proceeding. Please address any questions or concerns you may have regarding the psychotherapist-patient privilege with your attorney.

Concerns or Complaints

If you have any concerns or questions about our work together, at any point in time, I encourage you to bring them to me so that we can address them. You have the right to ask questions about anything that happens in therapy. I am happy to discuss my rationale for taking different approaches to problems, and I am open to hearing and listening to your thoughts about how therapy is progressing, both negative and positive.

If you are at any point unhappy with some aspect of our work together, I encourage you and I hope that you will bring such concerns or feelings directly to me so I hear you and can attempt to address the problem. I consider therapy to be a collaborative process, and I am committed to listening to criticism and addressing complaints with care and respect.

You have the right to end therapy at any time and/or to request a referral to another provider if you are not satisfied with therapy you receive from me.

Beginning July 1, 2020 all mental health providers are required to provide the following information: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice for Marriage and Family Therapists, Licensed Educational Psychologists, Clinical Social Workers or Professional Clinical Counselors. You may contact the Board online at www.bbs.ca.gov or by calling (916) 574-7830.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends upon the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if, I determine that the psychotherapy is not being effectively used, I determine that I am or would be working outside of my scope of practice or competence, and/or you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with at least three (3) qualified psychotherapists who may be able to treat you.

Should you fail to schedule an appointment for 3 consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons I must consider our professional therapeutic relationship discontinued.

AUTHORIZATION:

By signing below, I am agreeing that I have read, understood and agree to abide by the items contained in this Office Policies for the practice of Julie Laraway, LMFT. This agreement will remain in effect for the duration of our therapeutic relationship.

Patient Name

Patient Name

Patient Signature

Date

Patient Signature

Date

Parent/Legal Guardian Signature

Date