

Laura G. Hastings, M.A.
Licensed Marriage Family Therapist
P.O. Box 3544

650-533-8221
MFT#35475
Los Altos, CA 94024

Client Informed Consent

1. Psychotherapy

I understand that I will meet with Laura Hastings for 50-minute sessions unless other arrangements are made.

Additionally, I understand that termination of therapy will be discussed in advance in order to allow time to summarize the work we have done together and to complete the therapeutic process.

2. Fees (n/a if using EAP) (# of sessions thru EAP_____)

Session fee is \$130, per 50-minute session. The fee is due at each session unless otherwise agreed upon and is payable by cash or check.

3. Cancellations

Cancellations are reserved for serious events. If I **must** cancel an appointment due to illness, a family emergency, or other serious event, I will text or call Laura Hastings and try to reschedule within **the same week**.

4. Confidentiality

All information exchanged between Laura Hastings and I is held strictly confidential unless (a) I authorize the release of the information, (b) Laura Hastings is ordered by a court to release information, (c) I pose a serious danger to myself (suicide), (d) I threaten to physically harm others, or (e) child abuse or dependent adult abuse is suspected. In the latter two cases (d and e), I understand that Laura Hastings is required by law to inform potential victims and legal authorities so that protective measures can be taken.

5. Communication

I will use 650-533-8221 for messages. If I would like Laura Hastings to call me back, I will indicate this in my message.

I understand that e-mails and texts are vulnerable to unauthorized access and are part of the medical records. I will notify Laura Hastings if I decide to avoid or limit the use of e-mail or texts. I will not use e-mail for emergencies.

6. Emergencies

If I am having a psychological emergency, I will use crisis services: Suicide Prevention: 1-855-278-4204 and El Camino Hospital Psychiatric Emergency at 866-789-6089. I or a family member will let Laura know.

I have read, understand and agree to the stated conditions.

Name _____ Date _____

Signature _____

Address: _____

Email: _____

Phone : _____

Date of Birth: _____

Emergency Contact Name and Phone#: _____

Spouse /Partner Name, Phone Number and Date of

Birth _____

E-Mails, Cell Phones, Computers, and Faxes

* It is very important to be aware that computers, e-mail, and cell phone communication can be relatively easy to access by unauthorized people and e-mails, in particular, are vulnerable. Laura Hastings e-mails are not encrypted, and faxes can be sent erroneously to the wrong address.

* Laura Hastings's computers are equipped with a firewall, a virus protection, and a password, and she also backs up all confidential information from her computers .

* If you communicate confidential or highly private information via e-mail, Laura Hastings will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail.

*** Please do not use e-mail for emergencies. Due to computer or network problems e-mails may not be deliverable, and Laura Hastings may not check her e-mails daily.**