

Peggy Barrett

LMFT, OTR/L

INFORMATION AND CONSENT

This Agreement is intended to provide you with important information regarding my practices, policies and procedures and to clarify the terms of the professional therapeutic relationship we are entering. Any questions or concerns regarding the contents of this Agreement should be discussed with me prior to signing it.

Qualifications

I am a licensed marriage and family therapist (LMFT). I have been practicing for over 10 years. My focus as a therapist is eclectic, I will use the appropriate technique or theory which will help you understand yourself better.

Nature of Psychotherapy

Psychotherapy presents an opportunity to work on your personal issues, to learn, and to grow. You are responsible for your psychotherapy experience and we will explore ways in which you may have greater fulfillment and understanding. You will also be encouraged to seek out alternatives to current actions and to explore new directions. Our psychotherapy relationship is based on equality, cooperation, and trust. Goal setting will be discussed and mutually decided. Please note while it is impossible to guarantee specific results, progress can be made with dedication and effort on your part.

While psychotherapy has many potential benefits, there may be some negative effects, including periods of discomfort as you learn new ways of thinking and acting. During the therapeutic process you may find that you feel worse before you feel better. This is generally a normal course of events. Some clients need just a few sessions to achieve their goals, while others require longer periods.. You are in complete control, including refusal or modification of any technique. You may end psychotherapy at any time, although when you leave therapy, please consider a “closure” session to discuss progress, areas requiring further attention and proper referrals. Although our sessions may be very intimate psychologically, ours is a professional relationship that will be rendered in accordance with acceptable ethical standards. Our contact will therefore be limited to psychotherapy sessions.

Our first sessions will involve an evaluation of your needs. You may want to address any concerns you have regarding progress in therapy with me. During this initial period I encourage you to evaluate your comfort level with me as your therapist and address any questions and concerns you have about the process.

Records and Record Keeping

I may take notes during our session and will produce other notes and records regarding your treatment. These constitute my clinical and business records, which by law I am required to maintain. These records are the sole property of this Therapist. As your therapist I will not alter the normal record keeping process at your request. Should you request a copy of these 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. I also reserve the right to refuse to produce a copy of the record under certain circumstances. I will maintain your records for 10 years following termination of therapy. However, after 10 years, the records will be destroyed in a manner that preserves your confidentiality.

Appointments

Your therapy time is reserved for you. Please give me **24 hours** notice for any missed appointments. If you are unable to notify me the day before your appointment, you will be charged for the session. Please leave a message on my voice mail: 310-367-4149.

If you are late, your appointment will still end on time for the courtesy of my next client. The fee remains the same because your fee is based on the amount if time reserved, not the time used.

Fee and Fee Arrangements

My fee will be agreed upon during the initial phone consultation or at our initial session. I may periodically adjust the fee; however you will be notified of any fee adjustment in advance. Fees are due and payable at each session. I accept cash and personal checks. The agreed upon fee is \$150 per 50 minute session.

From time to time it may be necessary to engage in a telephone conversation for purposes other than scheduling sessions. You will be responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 10 minutes.

Insurance

I am not a contracted provider with any insurance company or managed care organization. If you want to use your insurance, I will be happy to provide you with a statement which you can submit to your insurance company.

Professional Consultation

Professional consultation is an important part of a healthy psychotherapy practice. I will regularly participate in clinical, ethical, and legal consultation with appropriate professionals so that you receive the highest quality of care. This means that your case will be discussed during these consultations; however I will not reveal any personally identifying information regarding your case.

Confidentiality

All communication is confidential with the following exceptions:

- a) You direct me in writing to communicate with someone else.
- b) A determination is made that you are in imminent danger to harming yourself or someone else.
- c) Suspected or actual child abuse, adult dependent abuse and elderly abuse.
- d) A court of law requires disclosure.
- e) Your insurance company and claim specialist company requires information for filing insurance claims, which becomes part of your insurance records.

If you would like to inspect and obtain a copy of the health information in your records, please let me know. You have the right to ask me to make corrections if the information is incorrect. I will provide you with a summary of the records. I will maintain your records for ten (10) years after termination.

A note regarding requests for letters

It is my policy that I will not provide letters or statements to attorneys or court officials regarding recommendations of custody or visitation of a minor or other court. If a client has been consistent in attending therapy, a letter may be provided regarding dates of attendance.

Acknowledgement

If you have any questions about the above policies and Informed Consent please discuss them with me.

I acknowledge that I have been presented with a copy of the Information and Consent form.

Client Name _____ Phone number: _____

Client Signature _____ Date: _____
