
INFORMED CONSENT

Therapy

While therapy has assisted many people to realize healthier, happier, more fulfilled lives, the process is not necessarily easy or pain-free. It is not unreasonable to expect that in the course of therapy, one might review historical events or feelings that are unpleasant. It is therefore not uncommon to have the experience of feeling worse, instead of better, during any one particular session. This is generally a temporary occurrence and depends upon the individual's experiences.

Limits of Confidentiality

Contents of all therapy sessions are considered to be confidential. This provides an atmosphere of trust within the therapeutic relationship. Neither verbal information nor written records about a client can be shared with another party without the written consent of the client or the client's legal guardian. Legal exceptions to confidentiality exist (which are in place to protect your safety and the safety of others). Noted exceptions are: when there is a reasonable suspicion of child, elder, or vulnerable adults abuse/neglect, or if a client presents a danger to self, others, or property.

*I exercise a "no-secrets" policy when providing couples / family therapy, which means I may need to share information learned in individual sessions to effectively treat the entire treatment unit (which would be the couple / family rather than the individual), unless there are mutually agreed upon circumstances involving personal safety. It is my policy to encourage the individual member to share the information first, rather than to disclose it myself, but I would use my best judgment in these instances.

Explanation of Dual Relationships

Our therapeutic relationship must be strictly professional in nature. A therapist is not allowed to participate in any outside relationship with a client (including business, social or sexual). These types of relationships are referred to as "dual relationships" and are unethical. In the event that I see you outside the office, I would be discreet and maintain your confidentiality for your protection. I typically follow my client's lead, and it is therefore your choice to acknowledge the encounter or not.

Cancellations

If you fail to cancel a scheduled appointment, I cannot use this time for another client, and you will be billed for the entire cost of your missed session. I understand that occasionally circumstances may prevent you from keeping your appointment. If this occurs, please give me 24 hours in order to change or cancel your session time. Thank you for your consideration regarding this important matter.

Litigation Limitation

I am not a forensic psychologist or a custody evaluator. My role is to provide psychotherapy to clients who are making changes in their lives, or dealing with difficult issues. I do not willingly become involved with lawsuits or any legal proceedings. However, if I am required to participate under subpoena or otherwise, my current fee to the demanding party is \$750 per hour for all related activity, including preparation, travel time and expenses.

Fees and Payments

My fees are \$150 per 50 minutes for an individual session, \$175 for a 50 minute concierge visit and \$200 per 50 minutes for couples. Full fee must be submitted at the beginning of each session in the form of cash (Zelle preferred) or check, made out to *Christine Beasley, MFT*. Please inform me if difficulties arises during the course of therapy regarding your ability to pay.

*I do not take insurance of any kind and therefore all professional services are rendered and charged to you the client. I am happy to provide you with a verification of therapy form, which you can then submit to your insurance company for reimbursement, if you so choose. It is your responsibility to verify the details of you own coverage.

Communications and Emergencies

Some clients enjoy the convenience of emailing or texting as a form of brief communication. Please be aware that neither is 100% secure in terms of confidentiality. You can text me (805 895-8919) or email me at cb4therapy@gmail.com. I will make every effort to reply as soon as possible. In the event of an emergency, please call 911 or go to your nearest emergency hospital.

Thank you for your interest in my services. I look forward to working with you!

I have thoroughly read and understand this document.
I understand that I am financially responsible for all charges incurred.
I authorize Christine Beasley MA, LMFT to provide psychotherapeutic treatment.

Client Signature

Date