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### Informed Consent

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

#### Information About Your Therapist :

During the consultation, your therapist will discuss her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about my background, experience and professional orientation.

**Fees and Insurance :**The fee for service slides between \$ 175.00 and \$ 250.00 per individual therapy session. The fee for service is \$250.00 per conjoint (marital / family) therapy session. Individual Sessions and conjoint (marital /family) sessions are approximately 56 to 58 minutes in length. Fees are payable at the time that services are rendered. Please inform me if you wish to utilize health insurance for reimbursement for services. I am not a contracted provider for any insurance

companies. Some insurance will reimburse for Telehealth if you are seeing me other than in the office and other plans will not.

The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with me prior to starting your first actual session. This is something that can be discussed in the consultation as well.. If for some reason you find that you are unable to continue paying for your therapy, you should tell me. I will help you to consider any options that may be available to you at that time.

### Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the

treatment with you provide their written authorization to release. (In addition, your therapist will not disclose information communicated privately to him or her by one family member, to any other family member without written permission.) There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, dependent adult or elder abuse. Therapists may also be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. (Alternate version below for therapists who utilize a “No Secrets” Policy) If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about his or her “no secrets” policy and how it may apply to you. Minors and Confidentiality Communications

between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment.

Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

#### Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week. If the client is requesting additional support ie more sessions that can be arranged. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist.No show no call, will be billed for the session.

#### Therapist Availability/Emergencies:

You are welcome to phone me/text me in between sessions. This is one of the topics reviewed in the consultation. You may leave a message for your therapist at any time on my confidential voicemail.You may also text me. Know that if I am in session I will not generally

return the communication till the end of the day or if I get a break.

**In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. Please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. You should be aware that your therapist is generally available to return phone calls within approximately 24 hours. Although generally it is faster than 24 hours.**

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis: Crisis Hotline: ( ) Youth Shelter: ( ) Domestic Violence Help: ( ) Hospital: ( ) Other: ( )

Therapist Communications Your therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means. My therapist may call me on my home phone. My home phone number is: ( ) \_\_\_\_\_

My therapist may call me on my cell phone. My cell phone number is: ( ) \_\_\_\_\_

My therapist may send a text message to my cell phone.

My cell phone number is: ( ) \_\_\_\_\_

My therapist may call me at work. My work phone number is: ( ) \_\_\_\_\_

My therapist may communicate with me by e-mail. My e-mail address is: \_\_\_\_\_

My therapist may send a fax to me. My fax number is: ( ) \_\_\_\_\_

My therapist may send mail to me at my home address.

My therapist may send mail to me at my work address.

(Disclosure statement regarding policies and procedures for using e-mail or text message can help patients understand and acknowledge certain limitations and risks that accompany electronic communications.) Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication therapist will respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other

defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You will not be charged for time the therapist spends reading and responding e-mail or text messages.

#### About the Therapy Process:

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. I believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Your therapist will work with you to develop an effective treatment plan. Over the course of therapy, your therapist will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is the goal of your therapist to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

## Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign. Name of

Client: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_