



License #93545

Joree Rose, L.M.F.T
 50 Oak Ct., Suite 105
 Danville, CA 94526
 925-212-2996

MindfulnessAndTherapyCenter.com

INFORMED CONSENT STATEMENT FOR THERAPY

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you, too.

MY RESPONSIBILITIES TO YOU AS YOUR THERAPIST

I. CONFIDENTIALITY

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together please be aware that email and other electronic media are not completely confidential. I do not use an encrypting program on email at this time.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and/or Adult Protective Services immediately.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

II. RECORD-KEEPING

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the therapist and next steps.

III. DIAGNOSIS

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

IV. OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time, although I recommend finding a way to give me advance notice so that I can help you end treatment well and consolidate gains (please see section below on Ending Therapy.)

Because I have a limited practice, I do not have 24 hour emergency or "on call" coverage. If you believe you will need a therapist with 24 hour coverage I will be happy to make a referral. *If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room rather than waiting for me to call you back.* When I am out of town for an extended period of time I will give you the name of a colleague you can contact in case of an urgent need.

V. FEES

Individual therapy or couple's therapy is \$195/50-minute session. You will be asked to pay for each session at the time of the session. Payment is preferred to be made by check, cash, PayPal or Venmo, though credit card is accepted. A statement of the month's sessions will be provided to you for the month's sessions and payments upon request. You can use the statement for reimbursement, should your insurance provide any reimbursement for out-of-network providers.

Phone calls over 10 minutes in length will be charged at a prorated rate. If a letter is requested by client, there is a minimal charge of \$90 depending on the length and complexity of the letter. Fees increase 5% on January 1st. Please notify me if any problem arises during the course of treatment regarding your ability to make timely payments.

There is no direct billing with any insurance company, including Medicare.

Clients work via a private contract and informed consent with me and are liable for charges of her services without any limits that would otherwise be imposed by Medicare or any other insurance company.

VI. ENDING THERAPY WELL

I want to make your therapy as successful as possible. For that reason, it works best to find a rhythm and structure to the beginning stages with sessions that meet regularly. To support your leaving, I request several weeks of notice prior to your actual leaving to allow you to have an experience of leaving well, with a sense of completion. If I initiate terminating you from our therapy, it will be because I feel that I am not able to be helpful to you any longer. My ethics and license requires that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy or how they will approach your treatment.

MY TRAINING AND APPROACH TO THERAPY

I have a Master's in Counseling Psychology earned in 2002 at St. Mary's College in California, and I am a Licensed Marriage and Family Therapist in the state of California, license # 93545. My areas of special training and expertise are in Mindfulness (and have received trainings and certifications in teaching mindfulness in schools, as well as Mindfulness Based Stress Reduction [MBSR]), and I will utilize a mindfulness-based approach in our work. This includes cultivating a practice of increasing greater awareness and attention to the present moment and developing a deeper connection to oneself. By practicing to observe whatever is arising in the moment with curiosity and compassion, my intention is to help you break free from the habits and patterns that are no longer serving you, while simultaneously creating new healthy responses. While exploration of your past may be explored, my focus is on the present and how to help guide you to live your optimal life.

If another health care person is working with you, I may request a release of information from you so that I can communicate freely with that person about your care.

I am away from the office several times in the year for extended vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences.

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45-50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours-notice within business hours (Monday-Friday), you will be charged for that session, unless I can reschedule with you within the same calendar week.

COMPLAINTS

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. Please see sections on this page re: ending therapy.

CLIENT CONSENT TO PSYCHOTHERAPY

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I know I can end therapy at any time I wish.

Signed: _____

Dated: _____

Starting therapy with Joree Rose signals agreement of these policies.