

Shannon Murphy, LCSW

## Consent For Treatment

As your therapist, I look forward to working with you and want to give you some important information about the services you will receive. I hope this information will provide a clear explanation of some of the aspects of our work together and will facilitate our working relationship. Please feel free to discuss any of this information with me.

### Confidentiality

The content of psychotherapy sessions is considered confidential and privileged, as is the identity of the client. There are, however, conditions under which the therapist has the legal or ethical obligation or right to breach the agreement of confidentiality. Those circumstances include, but are not limited to, the following:

If I have reason to believe that you present a serious danger to yourself, I am ethically bound to do what I can to keep you safe, which may involve notifying others who may be of help.

If I have reason to believe that you present a danger to another person as a result of a violent act which you may commit, I must take action to protect that person.

If I have reason to believe that you are gravely disabled and cannot provide reasonable care for your own safety and maintenance of your basic needs, I am ethically bound to contact appropriate resources for you.

Instances of suspected abuse of a child, an elderly person, or a dependent adult must be reported to the appropriate protective service.

If a court has ordered your treatment with me, or if you introduce your emotional condition into a legal proceeding and I am subpoenaed, I may be required to release information to the court or to give testimony.

If you are a couple, written consent of both parties is required for any release of records.

### Releasing Information to Other Professionals

If you apply for insurance reimbursement, I am required to supply a diagnosis, dates of treatment, and charges for treatment.

There may be times that I seek consultation with other professionals, such as your physician, regarding your care. In that case, I will obtain your permission before contacting them.

If you fail to pay for services rendered, I may pursue any avenue of relief available to me.

### Office Policies

- Sessions

Your appointment time is reserved for you. Individual sessions are normally 50 minutes. Sessions may be cancelled without charge with 24 hours notice. If a cancellation occurs within 24 hours of our scheduled time and we cannot find a mutually acceptable alternative time within 5 days to reschedule, a \$100 late cancellation fee will be charged.

- Telephone Calls

Your calls will be returned in a timely manner. Always indicate if the call is an emergency, and always leave your number, as I may not have it with me when I call in for my messages. There may be a charge for calls over 15 minutes in duration; if so, the fee will be prorated according to your usual session fee. When I am away, someone will be left on call for me.

- Payment for Services

I will submit an invoice to you at the end of each month for payment. You may send a check to my USPS mailing address, or you may pay via my QuickBooks portal. The invoice also serves as a superbill for submitting to insurance provider for reimbursement.

- Insurance Reimbursements

Insurance reimbursements will be paid directly to the client. You will have responsibility for making insurance claims, as full payment is expected at each session unless other arrangements have been made. You will receive a statement that can be used to make your insurance claim. I will respond to inquiries from your insurance company at your request. If they contact me directly, I will respond to them only with your permission.

## Client Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your therapy at any time, without any obligation except for the fees already incurred. You have the right to question any aspect of your treatment with me. You should expect that I will work with you to meet any needs for adjunctive or alternative treatment. You have the right to know that as you change through the therapeutic process, others in your life may or may not welcome those changes, and personal and professional relationships may change as well. You have the right to expect that I will maintain ethical and professional boundaries by not entering into personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

The State of California requires all psychotherapists to advise clients that the Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical therapists. You may contact the Board at [www.bbs.ca.gov](http://www.bbs.ca.gov) or by calling 916.574.7830.

Therapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, experience, and a willingness to do my best. As the client, you will need to make a commitment to your own personal growth and care.

Please feel free to ask any questions or to discuss any of this information with me. Your signature below indicates that you have read this consent form, that you understand it, and that you have received a copy of the form.

Signature \_\_\_\_\_

Date \_\_\_\_\_