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Office Policies & General Information Agreement for Psychotherapy Services and Informed Consent

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices.

Welcome to my practice. This document contains important information about my services and office policies. Please read it and let me know of any questions you may have regarding the information. By signing this document, it will represent an agreement between us.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE

Psychotherapy may have benefits such as significant reduction in distress, improved social relationships, resolution of specific problems, and a clearer understanding of yourself, values and goals. However, there are no guarantees about what will happen in therapy. For therapy to be most successful, you will have to be able to talk openly and honestly, address any difficulties that arise, and put forth active effort outside our sessions.

Psychotherapy may also require revealing unpleasant aspects of your history and current life. Therefore, in the initial stages of treatment, psychotherapy may lead to uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness and could impact your relationship with others. Be sure to let me know if you have this experience. Generally, unpleasant experiences are temporary.

By the end of your initial evaluation, I will offer some initial impressions and an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them as they arise. If your doubts persist, I will be happy to offer referrals for you to secure an appropriate consultation with another mental health professional. I will not provide custody evaluation, medication or prescription recommendations or legal advice as these do not fall within my scope of practice.

SESSIONS

My normal practice is to conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide whether I am the best person to provide the services that you need. If psychotherapy is initiated, I will usually schedule one 50 minute session per week at mutually agreed time. We may agree to vary the length and frequency of the sessions.

PROFESSIONAL FEES/INSURANCE

I do accept some insurance plans. It is the clients responsibility to contact their insurance company prior to coming in for their session to find out if preauthorizations is needed, what the co-pay cost is and the details of the plan. If you are not using your insurance for the session the cost is \$80 per session. I do offer a sliding scale and can discuss individual financial situations as needed.

CONFIDENTIALITY

Confidentiality is the cornerstone of mental health and is protected by the law. I can only release information about out work to others with your written permission. Some basic information about diagnosis and treatment may be required as a condition of your insurance coverage. Exceptions to confidentiality where disclosure is required by law:

- if there is threat of serious bodily harm to others, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
- if there is threat to harm yourself, I am required to seek hospitalization for the client, or to contact family members or others who can help provide protection.
- if due to mental illness, you are unable to meet your basis needs, such as clothing, food and shelter, I may have to disclose information in order to access services to provide for you basic needs.

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputed, injuries, lawsuits, etc), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

TELEPHONE AND EMERGENCY PROCEDURES

If you need to contact me between sessions, please leave a message or text at (949)441-0632 and your call will be returned as soon as possible. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away due to a life threatening situation, **call 911**.

TERMINATION

After the first couple of meetings, I will assess whether I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals you can contact. If at any point during psychotherapy, I assess I am not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in

writing, I will take to the new therapist of your choice in order to help with the transition. You have the right to terminate therapy at any time.

SOCIAL NETWORKING

I do not accept friend requests from current or former clients on social networking sites. I believe adding clients as friends on these sites and/or communicating via such sites is likely to compromise privacy and confidentiality of my clients. For this reason, I ask you to communicate with me via any interactive or social networking web sites.

CANCELLATIONS

If a client's needs to cancel or reschedule a session for any reason, please notify me by phone, text or email as soon as possible.

PRACTICE STATUS

I work in an office with a group of independent mental health professionals. While the members share office space, I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can access them.

I have read the above Office Policies & General Information Agreement for Psychotherapy Services and Informed Consent. I understand them and agree to comply with this agreement.

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Signature _____ Date _____