

TINA DEMATTIA, M.A.
LICENSED MARRIAGE & FAMILY THERAPIST
LIC. NO. 45161

Informed Consent

INTRODUCTION

This agreement is intended to provide clients with important information regarding the practices, policies and procedures of this office, and to clarify the terms of the professional therapeutic relationship between therapist and client. Any questions or concerns regarding the contents of this agreement should be discussed with Tina DeMattia prior to signing it.

THERAPIST QUALIFICATIONS

Tina DeMattia earned her Masters of Arts degree in Counseling Psychology from Santa Clara University in 2004. She is a licensed Marriage and Family Therapist, governed by the State of California, Board of Behavioral Sciences. In addition, she is a member of the California Association of Marriage and Family Therapists.

If for any reason, you are not satisfied with the services you are receiving from me, please talk it over with me first to see if we can resolve the problem. If you believe you have a serious complaint or your rights have been violated, you may contact the Board of Behavioral Sciences 1625 N. Market Blvd, Suite S-200, Sacramento, California 95834; phone (916) 574-7830 or fax (916) 574-8625. You have a right to terminate your therapy at any time, for any reason. Verbal or written notification is accepted.

RISKS AND BENEFITS OF THERAPY

Psychotherapy has both benefits and risks. Sessions are intended to be helpful to you in thinking about yourself in relation to others, particularly to important people in your life. Overall, therapy often leads to a significant reduction of feelings of distress, as well as facilitating resolution of specific problems and better interpersonal relationships. However, there are no guarantees about what will happen.

Psychotherapy varies depending on the personalities of the therapist and the client(s), as well as the particular problem that the client brings. A number of different approaches can be utilized to address the issues for which you are seeking my assistance. Any approach requires a very active effort on your part, both during therapy sessions and at home.

The risks of therapy include sometimes experiencing uncomfortable feelings or recalling unpleasant aspects of your personal history. Sometimes in conjoint therapy, discussions about a relationship can lead to tension or increased conflict between partners or family members; therefore, you should give this careful consideration if there has been any abuse or violence in your relationship.

POLICIES REGARDING APPOINTMENTS

Individual and couples therapy appointments are generally for 50 minutes and are typically scheduled once per week at a time you and I agree on. A typical child therapy appointment is 45 minutes. If you cannot make a scheduled appointment, it is your responsibility to call (650) 223-3312 to cancel within 24 hours. I typically check my voicemail at least once daily, except on weekends. If you forget an appointment, call (650) 223-3312 as soon as possible to reschedule. If you miss your appointment and do not call within 24 hours to cancel, you will be charged your regular session fee. In addition, there is no guarantee that I will have another available appointment time during that same week. If for some reason you are late, please understand that I must still follow my regular schedule in ending appointments.

- *Please note that email is not a secure form of communication and is not recommended as a means of contacting your therapist for any treatment-related concerns.*

- *Note that any communication you have with a therapist outside of a regular appointment session may be recorded in your file. If we are doing couple's work together, please ask me about my "secrets" policy.*

ELIGIBILITY AND FEES

My services are available to individuals, couples, groups, adolescents, children as well as families. I will collect \$130.00 (sliding-scale available for financial hardship) per-session at the time of services rendered. Phone calls that exceed 5 minutes will be charged at \$1.75/minute. Please make checks payable to "Tina DeMattia". If an outstanding balance remains after termination of therapy and 90 days has passed without payment, I reserve the right to submit the past due invoice to a collection agency. Upon request, I can provide you with a monthly statement so that you can seek reimbursement from your insurance. However, please note: insurance companies require therapists to give a diagnostic code. By asking me to provide insurance paperwork, you are giving me permission to share that confidential information.

CONFIDENTIALITY

The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except when required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

CHILD ABUSE

If I have reasonable cause to suspect that a child known to me in the course of my professional duties has been abused or neglected, or have reason to believe that a child known to me in the course of my professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, I must report this to the relevant county department, child welfare agency, police, or sheriff's department.

ADULT AND DOMESTIC ABUSE

If I believe that a vulnerable adult (e.g., Elder, incapacitated or facility resident) is the victim of abuse, neglect or domestic violence or the possible victim of other crimes, I will report such information to the relevant county department or state official.

SERIOUS THREAT TO HEALTH OR SAFETY

If I have reason to believe, exercising my best judgment and professional care and skill, that you may cause serious harm to yourself or another person, I will take steps, with or without your consent, to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition in order to protect you or another person from harm. This may include initiating commitment proceedings.

IN AN EMERGENCY

In some instances, you might need immediate help at a time when Tina DeMattia is not available or cannot return your call. These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else, or thoughts of committing dangerous acts. If you find yourself in any emergency situation please call 911. Or, you may call the crisis line (650) 464-8420 and ask to speak with the counselor on call. In addition, you can visit the nearest Emergency Room and ask for the mental health professional on call.

PLEASE TAKE THE TIME TO READ AND UNDERSTAND THIS DOCUMENT AND ASK TINA ABOUT ANY PORTION WHICH MAY BE UNCLEAR TO YOU.

I HAVE READ AND UNDERSTOOD THIS CONTRACT AND AGREE TO ALL ITS TERMS & CONDITIONS.

SIGNATURE

DATE