Carol Buttery, M.A., MFT
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INFORMED CONSENT FOR TREATMENT

Therapist Background:

Welcome to my psychotherapy practice! I have a Masters Degree in Clinical Psychology and am a Licensed Marriage and Family Therapist (MFC35769) in the state of California. I am also trained in EMDR (Eye Movement Desensitization and Reprocessing).

Fees:

My standard fee is $150.00 per 50-minute session. You will be expected to pay at each session or be billed monthly, unless we agree otherwise. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Upon request, invoice statements can be provided.

Insurance Reimbursement:

If you have a health insurance policy, it will often provide some coverage for your treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled, however, you (not the insurance company) are responsible for full payment of my fees. It is very important that you clarify what mental health services your insurance policy covers. **It should be understood that insurance companies and managed care organizations often require information about your treatment. You should be aware of what confidentiality you may have waived when you enrolled with them.**

Cancellations:

A 24-hour advance notification of cancellation is required. For missed appointments or those cancelled less that 24-hours in advance there is a charge for the full session fee . Please note that insurance companies do not provide reimbursement for late cancellations of missed appointments (unless we both agree that you were unable to attend due to circumstances beyond your control).

Confidentiality:

The law protects the privacy of all communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or the Health Insurance Portability and Accountability Act (HIPAA). However there are some situations where I am permitted or required to disclose information without your consent or Authorization. These exceptions include the following:

- Disclosures required by health insurers or to collect overdue fees
- If a government agency requests information I may be required to provide it.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information in order to protect myself.
- If clients poses a serious threat to himself/herself. I may enlist family members or others in an effort to protect a potentially suicidal client.
- Client threatens to physically harm an identifiable victim.
- Child abuse (both past and present), elder abuse, or dependent adult abuse is suspected.

In the later two situations I am required by law to inform any potential victims and the appropriate authorities so that protective measures can be taken. Every effort will be made to fulfill this reporting requirement in a manner that is in the best interest of those involved.

Availability:

Sessions are by appointment. For phone contact, clients can leave a confidential voicemail message at 925-277-8305. I check my messages throughout the day Monday through Friday, and once each on Saturday and Sunday. For crisis emergencies requiring immediate assistance, please notify me and then call the Contra Costa Crisis Line at 1-800-833-2900.

Psychotherapy:

Psychotherapy can be a difficult as well as rewarding process. Since therapy often involves exploring unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand therapy can often lead to better relationships, solutions to specific problems and a reduction in feelings of distress. Because we will work toward your goals together, it is important that you inform me of any problems or difficulties, such as treatment issues, potential breaches of confidentiality, appointment times and financial concerns that arise so that they can be dealt with in an honest and direct manner.

I, _____ , have read, understand, and agree to all of the above information, and give my permission to Carol Buttery to provide psychotherapy services to;

Myself_____ My Child _____

(Print Name)

Signature_____ Date_____

(If a personal representative of the client signs the authorization, a description of the representative's authority to act for the patient must be provided below)

_____

Therapist Signature_____ Date_____