

Michelle Hill  
Marriage and Family Therapist Registered Intern #91401  
**Laguna Counseling & Expressive Arts**  
Employed and Supervised by Mary Felch, LMFT (MFC#36827)  
(949) 359-1353

## INFORMED CONSENT

**Please read the information below and feel free to ask any questions you may have.**

**Appointments and Cancellations:** Standard appointment time is 45 minutes in length. Your appointment time is reserved for you. I have a 24hour cancellation policy. If you do not inform me of your need to cancel our session 24hours prior to our scheduled appointment time you will be charged full fee for that missed session.

**Payment:** Sessions are paid for at the beginning of each session in check or cash. Checks should be made out to Laguna Counseling. Please request a written statement of your bill if you wish to file a claim. There is a \$15 charge for returned checks and nonpayment on credit cards. We are also able to accept VISA and Mastercard for a 3% charge.

**Initial Here:** \_\_\_\_\_

**Telephone Calls:** There is no charge for phone calls under 5 minutes. Longer calls will be pro- rated at the client's hourly rate. Frequent calls may indicate a need for an additional weekly session. Calls are returned during normal business hours. Do to the way telephones transmit, confidentiality cannot be guaranteed. The same is true for any communication made through email.

**Emergency:** In any life-threatening emergency, it is important to seek help immediately by going to a hospital or dialing 911.

**Initial Here:** \_\_\_\_\_

**Confidentiality:** All information conveyed in counseling sessions is kept strictly confidential with the following exceptions: 1. A mandated report is required when there is a reasonable belief of past or present physical, emotional, or sexual abuse of a minor, or of a dependent adult (handicapped) or elderly person. 2. When the court requires a disclosure of records or when you enter into a legal proceeding in which YOU raise the issue of your mental status, then the court may order your records. 3. When you represent a danger to yourself or threaten to harm another person. 4. Occasionally, I do consult with other therapists when I feel it is in the best interest of my clients. Names are not used, and identifying information is not given during such consultations. 5. If you file an insurance claim to be reimbursed for some portion of the cost, you will be giving your insurance carrier the right to inquire about you and receive a diagnosis. You may inquire about the diagnosis I give you, which appears as a number code on your billing.

**Initial Here:** \_\_\_\_\_

**Confidentiality in Couples and Family Therapy:** Couples and or family therapy may include both joint and individual sessions. In such circumstances the couple or family hereby agrees to waive their right to confidentiality so that information shared in individual sessions can be shared in joint sessions at the discretion of the therapist. To maintain an atmosphere of openness and honesty, my policy is that I am unwilling to collude with secrets, wherein one family member shares information with me that they wish to keep from other family members. Any phone calls received from one family member to the therapist may be discussed in joint sessions to maintain openness and trust.

**Initial Here:** \_\_\_\_\_

**Termination of Therapy:** I believe you are the best judge of when to terminate therapy. I will do my best to provide counsel on the matter, but you must make the ultimate decision about continuing care. I will provide you with referrals if you or I feel progress is inadequate.

**Record Keeping:** I will keep brief notes of our sessions that will be kept in a locked file so we can review progress.

**Initial Here:** \_\_\_\_\_

**Experience and Training:** I am a Registered Marriage and Family Therapist Intern, under the supervision of Mary Felch, a Licensed Marriage and Family Therapist. In addition to completing my Master's Degree in Clinical Psychology: Marriage and Family Therapy from Azusa Pacific University, I have worked with clients of all age groups with a wide variety of presenting problems. I am currently working toward licensure as a Marriage and

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Family Therapist, MFT, which requires the completion of a Masters Degree and 3000 hours of supervised counseling, followed by two written examinations by the Board of Behavioral Sciences in California. To be licensed as a Psychologist requires the completion of a Doctoral Degree and similar supervised hours and testing. If you consider your problems to be more severe or complicated you may wish to see a psychologist due to their additional training. A Psychiatrist is a Medical Doctor specializing in mental disorders who may prescribe medications that alleviate some distressing symptoms. If you feel your symptoms are especially distressing you may request a referral to a Psychiatrist or I may suggest a referral if I believe it could be beneficial. **Initial Here:** \_\_\_\_\_

**General Consent to Therapy:** I consent to counseling and diagnostic testing as prescribed. I agree to be responsible for the payment of \_\_\_\_\_ per session, which is payable at the time of the session. I understand that I am responsible for payment even though my insurance company may pay for a portion of my sessions. I authorize the release of any mental health information requested by my insurance company (i.e. presenting problem, diagnosis or treatment plans) to complete claim reports. It is the responsibility of the insurance company to keep information forwarded confidential. Any appointment not kept will be charged to me.

Your signature on this form is your acknowledgment that you have read and understand the above facts.

Signature of Client(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client(s) \_\_\_\_\_ Date: \_\_\_\_\_

If Minor, Signature of Responsible Parent with Legal Custody of minor client:

\_\_\_\_\_ Date: \_\_\_\_\_