

Client Informed Consent for Treatment by Amy R. Ellis, MFT

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Information about Amy R. Ellis, MFT:

I have a Bachelor's of Science from Brigham Young University in Family Science and a Master's of Science degree in **Marriage and Family Therapy** from University of Nebraska-Lincoln. I have been practicing as a clinician for over 10 years. I was licensed as a Marriage and Family Therapist in California in May of 2004 (**License # MFC40536**). If you have any questions about my background or experience, please ask.

Fees:

The fee for service is: \$125.00 per individual, family, or couple's therapy session, \$75.00 per group therapy session, and \$200.00 per hour for time in court/ testimony. A session is 45-50 minutes.

Fees are payable at the time that services are rendered. A \$25 service fee is added for all returned checks. If you wish to discuss a written agreement that specifies an alternative payment procedure, please do so prior to session.

If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you consider any options that may be available to you at that time.

Insurance Clients: Please refer to your insurance policy or talk to me regarding how many sessions you have. If you are running low on sessions, you can continue to see me at my regular rate. If finances will be a problem, please discuss this prior to beginning therapy, we can look into payment options or I can refer you out.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled weekly or bi-weekly (depending on need) at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hrs. in advance of your appointment. *If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for the missed session.*

Please initial here to indicate your agreement with the fees, scheduling, and cancellation policies _____

Confidentiality:

All communications made in session will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. I maintain a "no secrets" policy with couples or family therapy. Individual therapy may be an option if a secret needs to be kept for safety reasons.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

Minors and Confidentiality:

Communications between therapists and clients who are minors (under the age of 18) *are confidential*. However, parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. Consequently, I may discuss the *treatment progress* of a minor client with the parent or caretaker, but not details that would decrease trust between the minor and me. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic.

