

Joni Brown, MA, LMFT (#102815)

Expires/Next renewal date: June 30th, 2027

Licensed Marriage and Family Therapist

Informed Consent

These pages include important information regarding the counseling relationship we are about to begin. Please read them carefully and do not hesitate to ask any questions. As a Licensed therapist, I have earned my Master's Degree in Psychology. Over the years, my experience has allowed me to work with clients of all ages, men, women, couples, and families over a wide variety of issues such as relational distress, conflict, low self-esteem, grief and loss, as well as various forms of anxiety and depression. As a therapist, I not only consider a person's behavior but also take into account what may underlie those behaviors. I also recognize how powerful our thinking is and how it can impact our feelings and behaviors. As your therapist, my goal is not to tell you what to do but to help you understand yourself better and increase your confidence in your ability to make good decisions for your life. I view therapy as a collaborative effort and encourage you to inform me of what is helpful as well as what may not be helpful. Therapy includes your involvement both in and outside of the therapy office. It is important to note that sometimes desired change, growth, or healing occurs quickly; however, more often than not this is a gradual process. Keep in mind, there are both risks and benefits to therapy. For instance, it is possible that a situation may become more difficult (e.g. an increase in experiencing uncomfortable emotions) before it improves (e.g. a reduction in feelings of distress). In addition, while therapy is often beneficial, it is impossible to guarantee a specific outcome or result (e.g. therapy cannot guarantee that a couple's relationship will improve). However, your consistent attendance contributes to the likelihood of a successful outcome.

APPOINTMENTS, COMMUNICATION, & EMERGENCIES

Counseling sessions are between 50 & 55 minutes in length and typically take place once a week. The first several sessions will include assessment in order to gather valuable information to assist the therapist in understanding your therapeutic needs. Occasionally after assessment, the therapist may determine that it is in the best interest of the client to refer them to a therapist who specializes in a particular area. The length of therapy depends on the nature and severity of your concerns, as well as on your progress toward the agreed upon therapy goal(s). Therapy will not be conducted over the phone, through email, or text messaging. However, if circumstances arise that are NOT emergency related, and you think it would be beneficial to meet earlier than the next scheduled session, you are welcome to contact your therapist to make this request and she will do her best to meet with you sooner. You may call or text (*916-241-3365), 24 hours in advance, in order to cancel or reschedule an appointment. It may take up to 72 hours to return a call or text. Please indicate the means by which you give permission to be contacted: My therapist may **call** me on my **home** phone. Y N Number: _____
My therapist may **call** me on my **cell** phone. Y N Number: _____
My therapist may send a **text** message to my **cell** phone. Y N

My home address is _____. I authorize my therapist to send necessary, treatment related information to me at this address _____.

Please keep in mind there are risks to utilizing electronic forms of communication and technology (e.g. texts and credit card processing). Risks may include but are not limited to: unintentional sending of a text with confidential information to an unintended recipient or the interception of confidential information by an unauthorized third party. This is a professional relationship; therefore, no communication can take place over social media. When the therapist takes time off, you may be provided with the name and phone number of the therapist who will be available to meet if necessary during the absence of your therapist. The therapist has adopted the policy of not writing any type of letter for clients so that the focus can remain on the therapeutic relationship rather than becoming involved in matters beyond therapy. ***PLEASE NOTE: I will not be on call for emergencies.** In the event of a medical or psychiatric emergency involving a threat to your safety or the safety of others, please call **911** to request emergency services or **988** to reach the Suicide & Crisis Lifeline. The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at www.bbs.ca.gov or by calling (916) 574-7830.

FEE & PAYMENT

The fee per session is \$150. Payment is required at the beginning of each session and may be made by cash, check, or Visa, MasterCard, Discover, or American Express through Chase Point of Sale. (Returned checks will result in a \$25.00 service charge).

The therapist does not take any type of insurance and does not work with insurance companies in any fashion. If for some reason you are unable to continue paying for your therapy, you should inform your therapist who will help you to consider any options that may be available to you at that time. **If you must cancel a scheduled appointment, please notify the therapist at least 24 hours in advance so appropriate schedule changes can be made. The regular fee will be charged if a scheduled appointment is missed or cancelled in less than 24 hours prior to the appointment.**

My Medicare Provider Status: Please be aware that I am an Opted-Out provider. This means I am not contracted with Medicare. Medicare will not reimburse you for the cost of my services. If you are a Medicare beneficiary, we will need to enter into a private contract for therapy services in order for me to treat you.

Your Medicare coverage Status: Are you a Medicare beneficiary? Yes ___ NO ___

CONFIDENTIALITY & EXCEPTIONS

The therapeutic process involves the client revealing personal information to the therapist. Every reasonable effort will be made to safeguard your personal information. For your protection, the confidentiality policy requires your signature (on a separate form) prior to the release of any information about your treatment. However, therapists are “state-mandated reporters.” This means I am required by law to report the following: **Any form of suspected child abuse or neglect, dependent adult abuse (a dependent**

adult is an individual between ages 18 & 64 who has a physical, mental, or financial limitation that restricts their ability to carry out normal activities of daily living and restricts their ability to protect their rights), or elder abuse (including self-neglect). ** It should be noted that child abuse also includes accessing child pornography and a report is also triggered when nude or otherwise obscene photos or videos of minors are sent or received, even if doing so was consensual or was sent by the minor themselves. This also includes photos or videos that were sent or received in the past even if the person(s) in the photo or video is/are now (an) adult(s). Therapists are also required or permitted to break confidentiality when they have: 1) determined that a client presents a serious danger of physical violence to another person 2) when a client is a danger to him or herself or 3) if compelled by law in cases such as a court order. The therapist has designated Kristen Roberts, LMFT, as the professional executor in the case of death or disability of the therapist, that she may have access to the client's records, to provide psychological services or to refer to another qualified professional if needed.

Of course, you are free to end therapy at any time. However, the ending of therapy will be most beneficial for you if you provide notification of your intention approximately two to three sessions ahead of time, so that we can discuss the completion of therapy and summarize the process together. Other reasons for therapy ending include but are not limited to ongoing treatment is no longer clinically appropriate, the client is no longer benefiting from treatment, or an unexpected prolonged absence from therapy.

Lastly, it is important to note that the therapists working within this office are separate business entities who are engaged in an office sharing arrangement. No partnership, joint venture, or any other business association should be implied between the name of Cornerstone Psychological Center and any of the therapists sharing these premises.

Please sign after you have asked any questions you may have about this information. Your signature indicates that you have read this agreement for services and disclosures carefully, understand its contents, and consent to receive treatment from me.

_____ *Date* _____
Parent(s) (or legal guardian on behalf of **minor** client)
Print name and sign

Adult Client's Name

_____ *Adult Client's Signature* _____ *Date*

Adult Client's Name

Adult Client's Signature

Date