



INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign the **Informed Consent/Consent to Treatment**, it will represent a contract between us for my services.

COUNSELING SERVICES

Counseling is not easily described in general statements. The work varies depending on the personalities of the therapist and client, and the particular issues you bring forward. There are many different methods I may use to approach the issues that you hope to address. Counseling services are not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for our sessions together to be most successful, it is necessary that you work on recommendations and assignments that we discuss both during our sessions and at home.

Our work together can have benefits and risks. Since what we do together often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, this kind of process has also been shown to have benefits for people who go through it. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees about what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some early recommendations for our goals and objectives ahead. If you have questions about my approach, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another qualified therapist.

Initial_____

MEETINGS

In our first appointment we can decide together if I am the right therapist to provide the services you need in order to address your specific needs and concerns. If we continue, I will schedule another session at a time that we agree on although a “standing appointment” time may not be available at that point in time. All sessions are scheduled for 50 minutes. Once an appointment is scheduled, you will be expected to pay for that session unless you provide a minimum 24-hour advance notice of cancellation. Should you find that you will be late for an appointment by 15 minutes or more that session will count as a missed session, as there will no longer be adequate time to proceed. You will be responsible for payment of the full \$105 fee for the missed session. Should tardiness become a habitual pattern I may need to terminate further counseling services. I will not terminate services without first discussing this issue with you.

Initial_____

Kathy Mattox, MA, LMFT
Licensed Child, Marriage and Family Therapist
Independent Facilitator of Love and Logic® Curricula
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The Art of Family

North County Family Counseling Center

PROFESSIONAL FEES

My fee for a 50-minute session is \$120. I am available for school visitations and/or IEP meetings for *The Art of Family* clients within 20 miles of my office at a rate of \$150 per hour, pro-rated by quarter hours. I do not accept any private or public insurance programs, but I will provide receipts for your records upon request. You will be expected to pay for each session in advance by cash or check or by PayPal on my website at www.The-Art-of-Family.com.

Initial _____

CONTACTING ME

I am often not immediately available by telephone, as I do not answer the telephone while in session with another client. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call within 24 hours with the exception of weekends, vacations and holidays. If you are difficult to reach, please inform me of some times when you would be available. If you are unable to reach me and feel that you cannot wait for me to return your call, either dial 911 or contact your family physician or the nearest Emergency Room and ask for the on-call psychologist or psychiatrist. Additionally, you can call the San Diego Behavioral Health Crisis Hot Line at 1-800-479-3339. If I will be unavailable for an extended period of time, I will provide you with the name of a professional therapist to contact should that become necessary for you.

Please note that my primary business phone is a cell phone. Privacy cannot be guaranteed in this medium; however, I personally feel that this is a reasonable risk and that the likelihood of mischievous or malicious monitoring is negligible. If this means of communication is unacceptable to you, please speak with me so that we can collaborate on other options. In addition, if you email me, I will likely respond by email. Again, email, like cell phones, is vulnerable to 3rd party monitoring. Please know that I will do all that I am able to protect your anonymity and privacy, but privacy cannot be guaranteed.

Initial _____

MINORS

If you are a Minor (under 18 years of age) I will provide parents with general information about our work together, unless I feel there is a high risk that you, as a Minor, will seriously harm yourself or harm someone else. In this case, I will notify them of my concern. Before giving your parents any information, I will discuss the matter with you, if possible, and do my best to handle any objections that you may have with what I am prepared to discuss.

Initial _____

CONFIDENTIALITY

In general, the privacy of all communications between a client and therapist are protected by law, and I can only release information about our sessions together with your written permission. But there are a few exceptions:

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There are some situations in which I am legally obligated to take action to protect others from harm, even if it is necessary to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate State agency.

If I believe that a client of mine is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection for my client.

If any of these situations occur, I will make every effort to fully discuss it with you before taking any action, and will include you in any action that I am required to take, as long as it is safe to do so.

I may occasionally find it helpful to consult other professionals about a client. During such consultation, I would avoid revealing the identity of my client. I am also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important in our sessions together.

Your initials on this document and your signature on the **Informed Consent/Consent to Treat Agreement** indicate that you have read the information in this document and agree to abide by the terms of this agreement during our professional relationship.

Initial _____

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