

# E dna Wallace, M.A.

Licensed Marriage and Family T herapist, MFC #46206

408-296-0966 x3

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## INFORMED CONSENT FOR COUPLES COUNSELING

T oday's Date: \_\_\_\_\_

Client Names: \_\_\_\_\_

Dates of Birth: \_\_\_\_\_

### **Introduction**

T his agreement is intended to provide clients with important information regarding my professional services and business policies. Any questions or concerns regarding the contents of this agreement should be discussed with me prior to signing it.

### **T herapist Background and Qualifications**

I received my M.A. degree in Counseling Psychology from Santa Clara University in 2006. I am a Licensed Marriage and Family T herapist, getting my license in Aug. 2008, and a Certified Group Psychotherapist (CGP). I am a member of the California A ssociation of Marriage and Family T herapists (CAMFT), as well as the local chapter, and the A ssociation for Couples in Marriage E nrichment (ACME). Over the last years, I have led substance abuse recovery groups; worked at a hospice site; and worked for two low-fee counseling agencies. I am currently working at E l Camino Hospital in an intensive-outpatient program for depressed and anxious older adults. I also see private clients at my offices in S an Jose and Palo A lto.

### **Risks and Benefits of T herapy**

Psychotherapy is a process in which we discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so you can experience your life more fully. It provides you with an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between client and therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times when I challenge your perceptions and assumptions, and offer different perspectives. The issues you present may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. I am available to discuss any concerns you have regarding your progress in therapy.

### **Confidentiality**

The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except when required or permitted by law.

Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

### **"No Secrets Policy"**

I also have a no-secrets policy for couples work; which means that if either of you tell me something "privately/confidentially" that you do not want me to disclose to your partner, I will not promise to keep this information private. Instead I will help you divulge the information to your partner during a joint session if I believe this is needed for therapeutic progress.

### **Professional Consultation and Supervision**

Professional consultation and supervision are important components of a healthy therapy practice. As such, therapists regularly participate in clinical, ethical, and legal consultations with appropriate professionals. During such consultations and supervision, I will not reveal any of your personally identifying information.

### **Records and Record Keeping**

I may take notes during sessions, and I will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I will maintain your records for ten years following termination of therapy. However, after ten years, your records will be destroyed in a manner that preserves your confidentiality.

### **Fee and Fee Arrangements, Phone Calls, and E mail**

The usual and customary fee for service is for an hour's session. I reserve the right to periodically adjust this fee. You will be notified of any fee adjustment in advance. The agreed upon fee for service is \$\_\_\_\_\_/an hour. From time-to-time, I may engage in telephone contact with you for purposes other than scheduling sessions. You are responsible for the payment of any telephone calls longer than ten minutes; phone calls will be charged at the rate of \_\_\_\_/minute (after 10 minutes). You are expected to pay for services at the time services are rendered. If an outstanding balance remains after termination of therapy and 90 days has passed without payment, I reserve the right to submit the past due invoice to a collection agency. Cash and checks are accepted. Checks should be made out to: E dna Wallace, MFT . Lastly, email will be used for scheduling purposes only, due to privacy and "out of session time" concerns.

### **Insurance Information**

Setting realistic treatment goals requires evaluating what resources are available to pay for your therapy. If you belong to a managed care organization or have a major medical benefits policy, you may have some coverage for certain mental health treatment procedures. My services are provided and charged to you—not to your insurance company or managed care organization. Although I can supply forms that may facilitate your receipt of the benefits to which you are entitled, you—not your insurance company or managed care organization—are responsible for full payment of the fee that we have agreed upon. Due to a wide variety of types of third party reimbursement, I can make no guarantee that any particular company will provide payment for the services that you receive. Please note that most third party reimbursement plans require you to authorize me to provide a formal diagnosis of a mental health disorder in at least one of the individuals involved in therapy. Sometimes, they require additional clinical information, such as a "treatment plan" or "case summary." In rare cases, they request a copy of your entire record, which I will not release without your explicit written authorization. This information will become part of the insurance company files; in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential; however, once it is out of my hands, I have no control over what they do with it.

### **Cancellation Policy**

You are responsible for payment of the agreed upon fee for any missed session(s). You are also responsible for payment of the agreed upon fee for any session(s) for which you fail to give at least 24 hours notice of cancellation. Cancellation notice should be left on my voice mail at: 408-296-0966.

### **Therapist Availability**

My office is equipped with a confidential voice mail system that allows you to leave a message at any time. I will make every effort to return calls within 24 hours (or by the next business day), but I cannot guarantee calls will be returned immediately. I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

### **Termination of Therapy**

In our initial sessions, you and I should pay careful attention to whether or not we feel comfortable working together. In addition, part of my responsibility includes assessing if the services I am offering can be helpful to you. If you have any questions about my work or procedures, please discuss them with me whenever they arise. If your doubts persist, you are free to seek an opinion from another mental health professional or to terminate therapy at any time.

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, a client's needs are outside of my scope of competence or practice, or a client is not making adequate progress in therapy.

If either of us decides to terminate therapy, I will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both of us an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering referrals.

**Acknowledgement**

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement. You have discussed such terms and conditions with E dna Wallace and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this agreement and consent to participate in the therapeutic process. Moreover, you agree to hold E dna Wallace free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

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Client Name (please print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date