

Informed Consent

This document is to inform you of all possible contingencies that may arise in the course of psychotherapy. Please check to be sure that you have read, understood and asked any questions that you may have regarding its contents.

Information about your therapist: Karen Seif, MA, Licensed Marriage & Family Therapist License MFT #CMF0204031 Issued by the state of New Mexico, Counseling and Therapy Board.

Fees

The fee for service is \$175 per individual therapy session (53-60 minutes). Reduced fee services are available on a limited basis.

Check, cash, and credit/debit card are accepted for payment. Checks are payable to **Karen Seif M.A., LMFT**. Returned check fees apply. Account statements will be provided to you upon request.

As is legally required, your fee will be agreed upon in the first session, and may be adjusted as circumstances change. Fees are payable at the beginning of each session. If you prefer, you may pay for future sessions in advance. Cost of living increases may occur on an annual basis.

Interest may be charged on accounts past due. Regular rates will apply for any document preparation, court work, or testing.

Insurance:

Please inform me if you wish to utilize health insurance to pay for services. The amount of reimbursement depends on the requirements of your specific plan. Insurance companies generally limit coverage to certain diagnosable mental conditions. Please understand that you are responsible for verifying and understanding the limits of your insurance coverage, as I am unable to guarantee whether your insurance will provide payment for the services provided to you.

Please discuss any questions or concerns that you may have about this with me.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled to occur one time per week at the same time and day if possible.

I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you must notify me at least 24 hours 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. Missed or late cancellations are \$50.00.*

Exceptions may be made in cases of extreme illness or emergency. I have the right to terminate care for no show/late cancellations appointments and provide you with appropriate referrals for continued care.

Therapist Availability & Emergencies:

I am available for regularly scheduled appointment times. Dates of vacations and other exceptions will be given out in advance, if possible. Telephone contacts between visits are not encouraged. You may leave a message for me anytime on my confidential voicemail, or via email, regarding scheduling changes.

I am available to return messages at these times:

Monday – Friday: 10 AM - 7 PM

In the event of an emergency involving a threat to your safety or the safety of others, please call 911 or go to your nearest emergency room.

Confidentiality:

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. There is suspected child abuse, elder abuse, or dependent adult abuse.
2. Situation in which serious threat to a reasonably well- identified victim is communicated to the therapist.
3. A threat to injure or kill oneself is communicated to the therapist.
4. You are required to sign a release of medical records by your medical insurance.
5. You are required to sign a release for psychotherapy records due to involvement in litigation or other matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights.
6. Clients being seen in couple, family and group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. The therapist cannot keep secrets from others involved in your treatment process.
7. I may, at times, consult with professional colleagues about our work without asking permission, but your identity will be disguised.

8. Clients under 18 do not have full confidentiality from their parents.

9. It is also important to be aware of other potential limits to confidentiality that include the following:

- All records, as well as notes, on sessions and phone calls can be subject to court subpoena under certain extreme circumstances.
- Most records are stored in locked files but some are stored in secured electronic devices.
- Cell phones, portable phones, faxes, and e-mails are used on some occasions.
- All electronic communication compromises your confidentiality.

About the Relationship with the Therapist:

Because of the nature of psychotherapy, the therapeutic relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a “dual relationship.” Therapy professions have rules against such relationships to protect us both.

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions. A therapist offers you choices and helps you consider what is best for you.

You should also know that therapists are required to keep the identity of their clients confidential. Therefore, if you have any particular preferences about public meetings, let me know, otherwise I may ignore you when we encounter each other in a public place. I must decline to attend your family's gatherings if you invite me. Lastly, when therapy is completed, I will not be able to socialize with you like your other friends. In sum, my duty as a therapist is to care for you and my other clients, but only in the professional role of therapist. I am not permitted to give or to receive gifts from clients except tokens with personal meaning to the therapy process.

Termination of Treatment: The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some problem emerges that is not within the scope of competence of the therapist or if the therapist experiences the interaction as abusive. Clients have the right to terminate at any time, but the usual minimal termination for an ongoing treatment process is four to ten sessions and a satisfying termination to long-term work may take a number of months.

Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need for psychiatric consultation during periods of extreme depression or agitation. Risks may include experiencing uncomfortable feelings, such as sadness,

guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times. However, psychotherapy has been shown to have benefits for individuals who undertake it. Patients have the right to refuse or to discontinue services at any time.

Commitment: Therapy is a significant investment of time and money. I encourage you to make a commitment to getting the most from your sessions by attending regularly and being open to the experience of making a change in the direction of your goals. Please feel free to ask any questions you may have about the therapeutic process.

Agreement for Psychotherapy:

I have read this informed consent completely and have raised any questions I might have about it with my therapist. I have received full and satisfactory response and agree to the provisions freely and without reservations.

I understand that my therapist is responsible for maintaining all professional standards set forth in the ethical principles of his/her professional association as well as the laws of the state of New Mexico governing the practice of psychotherapy and that she is liable for infractions of those standards.

I understand that I will be fully responsible for any and all legal and/or collection costs arising as a result of my contact with my therapist, including compensation at our agreed upon rate for his or her time involved in preparing for and doing court work.

I understand that my therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment I am giving consent to this process of professional contribution and the right to use disguised material without financial remuneration.

Client Signature _____ **Date** _____

Guardian Signature _____ **Date** _____

Therapist Signature _____ **Date** _____

Statement of the Therapist

This document was discussed with the client and questions regarding fees, diagnosis, and treatment plan were discussed. I have assessed the client's mental capacity and found the client capable of giving an informed consent at this time.

Therapist Initials _____ **Date** _____