



Jose O. Alfaro, LMFT
Marriage & Family Therapist
License # LMFT106423

Client Information and Consent

Psychotherapy/counseling can be a very intense process that may help you better understand your presenting concern(s). Therapy/counseling can also be a fascinating and stimulating process yet difficult, and, at times painful. While there are no guarantees, your active participation will contribute greatly to this process.

1. Confidentiality

During therapy sessions, everything we speak about will be held strictly confidential. To further ensure confidentiality I, the therapist, do not consent/allow the recording of our psychotherapy sessions or any type of dialogue that exists related to our therapeutic relationship. However, there are the following exceptions to confidentiality:

- a. You authorize the release of information in writing.
- b. I'm concerned that you may pose a serious, danger to yourself or others.
- c. I need to release information to your insurance company for billing and/or authorization purposes
- d. Abuse of a child, elder, or dependent adult is suspected
- e. I am court ordered to release information
- f. I seek peer consultation. In this case, your personal information will never be disclosed.

2. Availability between Sessions

I check my messages during business hours and will attempt to return all calls within 24 hours. If it is a life- threatening situation please call 911 immediately otherwise, leave me a voice message and I will return your call upon becoming available.

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3. Cancellations

It is important for the continuity of therapy that you come to all sessions. Since your appointment time is reserved exclusively for you, I have a 24-hour cancellation policy. In other words, if you cancel within 24 hours of the appointment time, you will be responsible for my full fee for the session since your insurance does not reimburse for missed appointments. Therefore, you will be expected to pay out of pocket if your services are typically covered by your insurance.

4. Vacation Policy

I take 3 weeks of vacation throughout the year. In addition, my practice is closed on holidays. I will provide you with advanced notice of any upcoming vacations. If my schedule allows it, I will offer for your session(s) to be rescheduled for another day during the same week.

5. Reports/ Court presence/testimony

Progress and participation reports are available with a 7 day advanced notice. The fee per report is \$ _____. Presence or court testimony in any court of law will have an hourly fee of \$ _____. Fees for reports and/or court presence/testimony will be paid by you, the client, at the time of requesting the report and/or court presence/testimony.

6. Fees

Fees are based upon a 50-minute session. Fees are due at the **beginning** of each session, payable by cash or debit/credit card. Fees are \$ _____ per session and will be reviewed on a yearly basis. Upon review, fees may be increased by up to \$10 per session, per year. However, the provider will provide a 60-day advanced notice of any price increase.

Name: _____

Signature: _____ Date: _____