

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**

In therapy, everything we speak about will be held strictly confidential. Recording of any kind is not allowed/authorized by the therapist. The following are 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 name will never be disclosed.

**2. Availability between Sessions**

I check my messages throughout the day 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.

**3. Cancellations**

Since your appointment time is reserved exclusively for you, I have a 48-hour cancellation policy. **If you cancel within 48 hours of the appointment time, you will be charged for the session since you insurance does not pay for missed appointments. Cancellations/No Shows exceeding three sessions will be discussed with you to determine if you are serious about continuing psychotherapy.**

**4. Vacation Policy**

I usually take 4 weeks of vacation throughout the year. In addition, my practice is closed on most major holidays and I will provide you with advanced notice of any upcoming vacations.

**5. Reports/ Court presence/testimony**

Progress and participation reports are available with a 15 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 $10 per session, per year.

Name of Client/Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for services by parent/legal guardian (if the client/patient is a minor 18 years of age or under).

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_