

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 (business days only). 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 specifically for you, I have a 48-hour cancellation policy. **If you cancel within 48 hours of your appointment time, you will be charged my full fee for your missed session since your 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 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 $ \_\_\_\_\_\_\_\_. My 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, I will provide you with a 60-day advanced notice of any price increase.

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

Patient/Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_