

Moran Family Counseling

Jessica Moran
Licensed Marriage and Family Therapist
LMFT # 85864 / T1486
(442) 222-1108
MoranFamilyCounseling.com

Informed Consent and Authorization for Psychotherapy

Marriage and Family Therapists specialize in helping individuals, couples, and groups with relational issues. The goal of psychotherapy is to explore and improve interpersonal and/or family functioning to achieve more acceptable, filling, and productive relationships. I practice psychotherapy through a blend of Cognitive Behavioral Therapy, Solution Focused Therapy, and Emotion Focused Therapy. Therefore, language, interventions, and approaches to challenges will be explored through this lens of psychotherapy. I have been trained in a variety of other treatment modalities and may pull from those modalities in order to meet your specific needs. You are encouraged to ask questions throughout the psychotherapy process. You are free to inquire about my education, professional experience, and professional areas of interest, at any time.

The psychotherapy process begins with initial assessment and consultation(s), which will determine your needs and forms of treatment that you may prefer. Upon choosing to begin psychotherapy growth, improved sense of self, and improved relationship functioning become our mutual responsibility. This is achieved by trust, honesty, and commitment to treatment.

Psychotherapy is regulated by law to ensure professionalism, your rights as a client, and the standards of the Marriage and Family Therapy business practices. In order to begin a therapeutic relationship, your agreement is required by initialing in the five designated locations. Your signature is your agreement to the following aspects of the psychotherapy professional relationship.

Confidentiality and Limits to Confidentiality:

The highest standards of confidentiality will be utilized for all psychotherapy clients. This includes all information discussed in session and the fact that you are receiving psychological services through Moran Family Counseling. You will have the ability to consent to release information at anytime that will allow for communication between myself and anyone whom you feel I may

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need to speak with. However, there are limits to confidentiality. The following outlines the limits of confidentiality according to California or Oregon State Law, depending on your location. Note: the following outlines a variety of the limits to confidentiality including aspects of mandated reporting and permissible reports, however, this is not a complete list of all exceptions to confidentiality.

- Incident(s) revealed about child abuse (anyone under the age of 18 years), whether actual or suspected, including physical abuse, sexual abuse, unwillful or unjustifiable punishment, and neglect.
- Incidents revealed about dependent adult abuse (anyone between the ages of 18 year and 64 years whom depend on others for care) or elderly abuse (anyone over the age of 65 years), whether actual or suspected, including physical abuse, sexual abuse, neglect, abandonment, isolation, abduction, and fiduciary abuse.
- Threat to harm self or others.
- If you choose to break confidentiality in any way such as treating confidential information as if it were not confidential (posting information to social media etc.), applying for insurance reimbursement, sending communication through non secure means (email), I cannot control nor be held liable for the outcome.
- Communication and information relating to the psychotherapy of minors is confidential. However, the parents and guardians providing authorization for their minor's psychotherapy treatment may receive a summary of the minor's treatment. The amount of information shared is at the therapist discretion.
- Although not a legal aspect of confidentiality, if you choose to engage in individual counseling as an aspect of couples counseling, a "no secrets policy" will be in place (excludes aspects relating to safety). Therefore, information gathered via individual sessions as a part of couples counseling will be treated as information to be process jointly. This includes combination between sessions.
- If you are utilizing insurance for full or partial payment of services information relating to services provided (date of service, type of service, diagnosis, ect.) will be provided to the designated insurance company.

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Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Dual Relationships

Dual relationships are strongly discouraged and will avoid in all foreseeable situations. Due to this, personal communication outside of the therapy setting is strongly discouraged. Clear attempts to form a dual relationship (obtaining my personal telephone number or home address with attempts to contact me on a personal level, interaction on social media, etc.) will be grounds for termination. Any unavoidable dual relationships will be discussed and processed in session.

Your initials here agree to the above section _____

Payment of Fees:

Per state law, fees must be established prior to the commencement of psychotherapy. The standard fee for individual counseling services is \$125.00 per therapy hour (50 minutes). The standard fee for couples or family sessions is \$150.00 per therapy hour (50 minutes). This includes initial assessment, face-to-face sessions, and telemedicine. A sliding scale fee may be implemented on an individual client basis, but is not guaranteed. Fees can be

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review at any point in the psychotherapy process due to shifts in the client's financial circumstances. Fees can only be increase with a 30-day notice. You agree to accept full responsibility for payment of all agreed-upon fees, which are due at the start of each appointment.

Insurance

If requested a Super Bill can be generated for you to provide to your insurance company to attempt to receive reimbursement. Please note that Superbills are not a guarantee of insurance payment or reimbursement. All reimbursements must be worked out between the client and their insurance company.

Fees for Court Preparation and Appearances

If therapist is requested or required to participate in legal proceedings as a result of providing professional services, you will be responsible for all time associated with preparation, report writing, and / or other documents, at a cost of \$250 per hour (which will be billed to the minute). To appear in court the fee will be \$1,500 per appearance, per day. In the event that I receive a subpoena to appear in court to testify on the behalf of you, your child, your family member, or any individual / organization you represent / designate, the fee will be assessed. I do not voluntarily testify in court cases.

Failure to Pay Fees

Fees are due at the time of each scheduled session. If fees have not been paid additional sessions will not be scheduled, in an attempt to avoid large outstanding bills. If fees are not paid, unpaid balances will be turned over to a collection agency.

The following reviews fees in an attempt to clarify questions:

- Fees may be submitted via cash, check, credit card, or debit card (credit and debit cards will be run using Square). Checks are payable to Moran Family Counseling. There will be a \$15 returned check fee.
- You are required to cancel or reschedule appointments with a minimum 24-hour notice, via telephone to (442) 222-1108, in order to avoid having to pay the full fee for a missed session. Failure to provide 24-hour notice for cancelation or missed appointment, for any reason, will be charged to your credit card on file.

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- Written communication and reports of any type are billed to you proportionally to your hourly fee. Therefore, if your hourly fee is \$140.00 and I am required to generate a report that takes 30 minutes your fee will be \$70.00.
- Telephone call, voicemails, and web-based communication between sessions, which exceeds 10 minutes, will be billed to you proportionally to your hourly fee. This includes communication between myself and any authorized individuals regarding coordination of your care. Therefore, if your hourly fee is \$100.00 and we speak via telephone between sessions for 90 minutes your fee will be \$150.00.

Your initials here agree to the above section _____

Communication and Crisis Management:

During times of crisis I will make every effort to assist you. However, Moran Family Counseling is not a crisis management agency. Therefore, if you are in need of assistance outside of regular business hours please contact the Emergency and Crisis Line at (888) 724-7240 or (877) 727-4747 (877 7CRISIS). Or you may text "HOME" to 741741. If you feel that you are experiencing a medical or psychiatric emergency call 911 or go to your nearest emergency room.

Appointments are 50 minutes, unless scheduled for another predetermined amount of time. Therefore, your session time will end 50 minutes after the scheduled start of the appointment, regardless of your arrival time. Session times will only be extended in the case of emergency, in that hospitalization is needed.

Office hours are from 9:00 am to 5:00 pm. Client communication will be encouraged during these times. Voicemail messages, emails, and communication via the Moran Family Counseling website will be check at random intervals.

If I anticipate being unavailable for any extended time period (conferences, trainings, vacation, etc.) this will be discussed with you prior to my absence. If I will be unavailable due to an unanticipated event (illness, personal reasons,

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etc.) I will contact you immediately to reschedule your appointment. I will either directly or through my voicemail message provide you with the contact information of a colleague who can assist you, if needed.

Your initials here agree to the above section _____

Risks Associated with Psychotherapy:

Although, the goal for psychotherapy is to explore and improve interpersonal and/or family functioning to achieve more acceptable, feeling, and productive relationships, there is no guarantee that this will occur. Psychotherapy, like many other forms of treatment, has potential risks. Some of these risks include feelings of emotional stating being worse before they become better, changes in personal relationships due to your personal development and growth, emotional pain due to exploring personal aspects of yourself, and finding more questions than answers.

Your initials here agree to the above section _____

Termination:

Ideally, psychotherapy will end when you have successfully reached therapeutic goals. However, if at any point I feel that I cannot provide you with the highest level of care, your needs are outside of my scope of competence, or I am unable to assist you in making progress toward your goals, termination may be necessary. If termination is initiated prior to you successfully reaching your goals the reasoning will be explained and referrals will be provided to you.

You have the right to end treatment at any time. If you choose to terminate prior to reaching goals or prior to the completion of a group, you may be asked to complete a "termination session". Referrals will be provided to you.

If you are believed to be under the influence of alcohol and/or substances, are in possession of illegal substances, or bringing weapons onto the premises the session will be terminated. In this situation, you will still be responsible for the full session fee. If there is a pattern of attending session under the influence of alcohol and/or substances, being in possession of illegal substances, or bringing weapons onto the premises the therapeutic relationship can be terminated and referrals will be provided to you.

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If you have not been seen for a session for 30 days or more and have not communicated the need for an adjusted schedule your case will be viewed as terminated. If you wish to resume services after 30 days, you will need to contact Moran Family Counseling to schedule a session. At that time, you will be viewed as a new client and subject to session availability and any waitlist that may occur.

Your initials here agree to the above section _____

I have read this statement and fully understand all aspect of what I am agreeing to. I have had the ability to ask any and all questions regarding this statement. I understand the limits of confidentiality by law, agree to pay determined fee of \$_____ per session, I understand my rights and responsibilities as a psychotherapy client, and I consent to psychotherapy treatment through Moran Family Counseling. I understand that I can terminate services at any time.

Client Name

Client Signature

Date

Signature of Legal Guardian

Date

Signature of Legal Guardian

Date