

*Vera Eck, LMFT*

OFFICE POLICIES & GENERAL INFORMATION  
AGREEMENT FOR PSYCHOTHERAPY SERVICES  
INFORMED CONSENT

**Introduction:** This Agreement is intended to provide important information to you (herein “Client”) regarding the practices, policies and procedures of Vera Eck, L.M.F.T. (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

**Risks and Benefits of Therapy:** Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering

and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client's perceptions and assumptions, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of Client.

During the therapeutic process, many Clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

**Fees:** Clients are expected to pay their fees at the beginning of each session unless other arrangements have been made. Please see separate Fee Agreement for details.

**Confidentiality:** All communications between Client and Therapist will be held in strict confidence unless Client provides written permission to release information about Client's treatment. If Client participates in marital or family therapy, Therapist will not disclose confidential information about the treatment unless all person(s) who participated in the treatment provide their written authorization to release such information. It is important that Client know that Therapist utilizes a "no secrets" policy when conducting family or marital/couples therapy. This means that if Client participates in family, and/or marital/couples therapy, Therapist is permitted to use information obtained in an individual session that Client may have had with him or her, when working with other members of the family. Please feel free to ask Therapist about his or her "no secrets" policy and how it may apply to you.

**Minors and Confidentiality:** Communications between therapist and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment.

Consequently, Vera Eck, L.M.F.T., in the exercise of her professional judgment, may discuss the treatment progress of a minor Client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with Therapist.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a Client presents a danger to self, to others, to property, or is gravely disabled.

**Confidentiality of E-mail, Cell Phone and Faxes Communication:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Please notify Therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

**Emergencies:** If there is an emergency during the treatment process, or in the future after termination, where Therapist becomes concerned about the Client's personal safety, the possibility of Client injuring someone else, or about Client receiving proper psychiatric care, Therapist will do whatever she can within the limits of the law, to prevent Client from self injury or injury to others and to ensure that Client receive the proper medical care. For this purpose, Therapist may also contact the person whose name is provided as Emergency Contact on the Intake sheet.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither Client nor Client's attorney, nor anyone else acting on Client's behalf will call Vera Eck, L.M.F.T.

to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** Professional consultation is an important component of a healthy psychotherapy practice. As such, Vera Eck, L.M.F.T. regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, the Client's identity remains completely anonymous, and confidentiality is fully maintained.

**Records and Record Keeping:** Therapist may take notes during session, and will also produce other notes and records regarding Client's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any Client. Should Client request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Client's records for ten years following termination of therapy. However, after ten years, Client's records will be destroyed in a manner that preserves Client's confidentiality.

**Cancellation Policy:** Sessions are typically scheduled to occur one time per week at the same time and day if possible. Consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, Client is expected to notify Therapist at least 24 hrs. in advance of the appointment. Client is responsible for payment of the agreed upon fee for any session(s) for which Client failed to give Therapist at least 24 hours notice of cancellation.

**Therapist Availability:** Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that

Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

**Termination of Therapy:** Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Client .

**Acknowledgement:** By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client 's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

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Client Name (please print)

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Signature of Client (or authorized representative)

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Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

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Name of Responsible Party (Please print)

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Signature of Responsible Party

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Date