

Informed Consent for Psychotherapy

ABOUT YOUR THERAPIST: Gina Fahouri, LMFT is a Licensed Marriage and Family Therapist MFT43893 and has been practicing under this license since 2006. She obtained her Bachelor of Arts degree in Psychology from the University of California, Berkeley and her Masters of Science degree in Counseling Psychology from California State University, Hayward.

THE THERAPY PROCESS: Your therapists' priority is to provide you with services to help you reach your goals, but please remember that your therapist cannot guarantee any particular outcome. Your therapist will work with you to develop a treatment plan and will regularly collaborate with you in discussing treatment progress.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

EXCEPTIONS TO CONFIDENTIALITY: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to your therapist that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon.

If there is an emergency during therapy where your therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

AUTHORIZATION TO RELEASE INFORMATION: There are times when you may want your therapist to be able to communicate with a third party such as a doctor, a psychiatrist or a family member for overall treatment progress. In this case you must complete and sign an Authorization to Release Information. If you are involved in family or couples therapy, it must be signed by all adult parties who were part of treatment (or all those who legally can authorize such a release).

CONSULTATION: Your therapist consults regularly with other professionals regarding treatment for her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

THERAPIST AVAILABILITY/EMERGENCIES:

Your therapist can be reached at 510-292-1766 and you are welcome to leave a confidential voicemail on her phone. Please leave your name and phone number clearly on your voicemail and your call will be returned within 24 hours Monday through Friday. You may also email your therapist at gina@ginafahourilmft.com for non-emergency purposes only and your email will be returned within 24 hours Monday through Friday. Your therapist is not available on holidays or on the weekends. In case of an emergency please go to your local emergency room or call 911.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Your therapist is required to keep treatment records for at least 7 years. As a client, you have the right to review or receive a summary of your records. However, your therapist must protect your health information and your well-being and will use her clinical judgement in responding to requests for records. When more than one client is involved in treatment, such as in cases of couple and family therapy, your therapist will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment. Your therapist may request up to 10 days in order to provide requested information.

FEES: The fee per each 50 minute session is \$120 and is payable at the beginning of each session. Site visits, reading and writing of reports, consultations other professionals at the clients 'request, etc. shall be charged at the same rate unless indicated and agreed upon otherwise. Please notify Gina Fahouri if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Gina Fahouri will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose.

ENDING SERVICES: Your therapist will encourage you to identify how you will know you have met your goals and a plan for successfully ending services. However, you may end services at any time. If your therapist finds that services are not providing sufficient benefit, she will discuss this with you and may suggest treatment

CANCELLATION POLICY: Please provide at least 24 hour notice if you need to cancel or reschedule an appointment for any reason. If you do not provide at least 24 hour notice you will be responsible for paying the full fee for the missed session. For example, notify your therapist by 12 pm on Monday if you need to cancel a 1pm appointment on Tuesday.

I have read the above Informed Consent for Psychotherapy carefully and I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Signature _____ Date _____