



AGREEMENT FOR SERVICE / INFORMED CONSENT

INTRODUCTION

This Agreement is intended to provide _____ (herein "Client") with important information regarding the practices, policies and procedures of Gregory Burns (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.

THERAPIST BACKGROUND AND QUALIFICATIONS

Therapist has been practicing as a licensed marriage and family therapist (LMFT) since 2016 and a licensed professional clinical counselor (LPCC) since 2022. Therapist's theoretical orientation can be described as humanistic-existential, person-centered and experiential.

RISKS AND BENEFITS OF THERAPY

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. Full and active participation 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. There is no guarantee that therapy will yield any or all of these benefits. 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. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Personal growth and change may be easy and swift at times, but may also be slow and frustrating.

PROFESSIONAL CONSULTATION

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Client.

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. 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 seven years following termination of therapy. However, after seven years, Client's records will be destroyed in a manner that preserves Client's confidentiality.

CONFIDENTIALITY

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. ***Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.***

CLIENT LITIGATION

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate.

FEE AND GOOD FAITH ESTIMATE

The usual and customary fee for service is \$130 per 50-minute session. This fee may be adjusted by agreement with Therapist. The agreed upon fee between Therapist and Client is _____. Therapist reserves the right to periodically adjust fee. Client will be notified of any fee adjustment in advance. Clients are expected to pay for services at the time services are rendered. Session frequency and count depend on Client's needs.

Based upon a fee of \$130 per visit, if Client attends one psychotherapy visit per week, the estimated charge would be \$520 for four visits provided over the course of one month; \$1040 for eight visits over two months; or \$1560 for 12 visits over three months. If Client attends therapy for a longer period, the total estimated charges will increase according to the number of visits and length of treatment.

INSURANCE

Therapist is not a contracted provider with any insurance company or managed care organization. Should Client choose to use his/her insurance, Therapist will provide Client with a statement, which Client can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

THERAPIST AVAILABILITY

Client can leave a confidential voice mail for Therapist at any time. Therapist will make every effort to return calls 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.

COMPLAINTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, professional clinical counselors, and others. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

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.

Signature of Client
(or Authorized Representative)

Signature of Client

Printed Name of
Authorized Representative

Date