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Consent for Treatment

Participating in therapy can result in a number of benefits to you, including increased self-awareness, improved relationships, resolution of specific concerns, and alleviation of symptoms. To be effective, the therapeutic process requires your commitment and willingness to work toward change, which is sometimes quite uncomfortable. Your motivation is a major factor in the success of your treatment.

Recognizing the importance of confidentiality I hold information you give or disclosures you make in the strictest of confidence. Exceptions to this right exist in cases where 1) I believe a minor, elder, or dependent adult is or has been at risk of abuse, 2) a threat to the personal welfare and safety of yourself and/or others exists and 3) information about your situation are subpoenaed by a court of law.

Managed care companies, who determine the extent of coverage for most insurance plans based on diagnosis, progress toward treatment goals, and other determinations sometimes demand information that would normally be protected under confidentiality. Managed care companies are not held to professional standards of upholding confidentiality as are insurance companies and professional therapists. They may stop coverage if information is withheld. If you chose to bill your insurance company it is important that you remain aware of this risk.

In order to provide clients with the best care I sometimes consult with other therapists. At such times I am always careful to keep client's names and identifying information confidential. You have the right to request that your information not be revealed at all.

Sometimes it is important to discuss a certain aspect of your situation specifically with another professional, such as your doctor. In these situations I will always ask your verbal and written permission first.

Certain situations exist which are out of my scope of treatment. I will do my best to provide you with appropriate referrals in this event.

My fee is \$_____ per individual, couple, or family session and \$_____ per group session. Payment is due at time of service. Telephone consultation exceeding 10 minutes will be billed to you on a pro-rated basis. Any banking fees charged to me resulting from returned checks will be passed on to you. Unpaid balances due may be turned over to a collection agency. Kindly give 24 hours' notice if you need to cancel your appointment or a \$_____ cancellation fee will be charged. Such charges are not covered by insurance and are your responsibility. I am glad to offer you a reminder call however if I am unable to reach you it is still your responsibility to keep your appointment or give 24 hour notice to cancel or reschedule. Feel free to call anytime. I usually check my messages frequently and am able to return calls in a timely fashion. Please be aware however that on occasion I am tied up for a length of time or out of town. If you feel that you need 24 hour availability please be aware that there are some therapists in the community who are available on a 24 hour basis. County Mental Health is available on a 24 hour basis (707 445-7715). I will be glad to help you develop a plan and support system for crisis situations.

I agree to pay \$_____ per hour for psychotherapy with Alice E. Shannon, MFT. A psychotherapy hour consists of 50 minutes of therapy and 10 minutes of record-keeping.

I have read and understand the above information. I give my consent for counseling with the understanding that my therapist and I will clarify goals, objectives, and procedures. I understand that I may change my goals or procedure at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____