

Policies & Procedures / Informed Consent

Confidentiality

Your therapist is required to report suspected past or present abuse and/or neglect of children, dependent adults, and elders to the appropriate authorities based on information provided by the client or collateral sources. Information may also be released to the designated parties by written authorization of clients or legal guardians. Therapists are required to release information obtained from clients or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a client or to others, e.g.; imminent risk of suicide, homicide, or destruction of property that could endanger others. If a client is using confidentiality as a means of avoiding legal punishment, the therapist must break confidentiality because the therapist may not aid or abet committing a crime. Psychotherapists reserve the right to release financial information to a collections agency, attorney, or small claims court for delinquent client accounts. Other than the above exceptions, your therapy sessions are held with the strictest ethical standards to honor your confidentiality. Protected as confidential information includes: the acknowledgment of your presence in therapy, documentation you give to your therapist, and all of your therapist's clinical notes. With the goal of giving you the best clinical care, your therapist may engage in clinical, ethical, and/or legal consultation with appropriate professionals, during which relevant information about clients may be disclosed. During such consultations, your therapist will not reveal any personally identifying information. If you have any questions or concerns, please make sure to address these concerns with your therapist.

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Communication and Social Media

You may leave messages at any time on my 24-Hour voicemail system. You will receive a response within 24 hours. If you have a life-threatening or urgent situation, please call 911, or the San Diego County Crisis Hotline at 1-888-724-7240. Phone consultations more than 10 minutes will incur a prorated charge. Email communication and text messaging is used only with client permission and only for administrative purposes. That means that email exchanges and text messages should be limited to things such as setting and changing appointments, billing matters and other related issues. It is important to note that email and text messaging is not 100% secure. Any emails that are relevant to your treatment will be printed out and kept in your file. If you have a timely question, email and phone are recommended.



The therapist does not accept friend or contact requests from current or former clients on any social networking site. In addition, if it is discovered that an online relationship has inadvertently been established, that relationship will be cancelled. This is because these types of casual contacts can jeopardize the client's confidentiality as well as the therapeutic relationship.

Initial Here _____

Appointments

A 24-hour notice is expected when canceling an appointment. The client will be charged the full fee for any missed appointments or if the client has failed to give the therapist a 24-hour notice of cancellation.

Emergencies and extreme circumstances are taken into consideration.

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Financial Arrangements

Payment is due at the time services are rendered either by credit card, check, or cash (exact change only). We have agreed that your fee(s) for professional services are \$150.00 per individual/couples/family 50-minute session. Sessions of other lengths are billed pro rata. Consultations with other professionals and reports prepared on your behalf will be charged a pro-rated fee. A \$25 charge is made for any check returned to us as non-payable for any reason. Accounts over 90 days past due may be sent to collections and additional fees may be applied.

Initial Here _____

Insurance

Roxanne Strauss, LMFT is an out-of-network therapist and I am not on any insurance panels. If you have PPO insurance and you would like to receive reimbursement from your insurance plan, you will be provided a receipt that will have all of the necessary information for you to submit to your insurance company.

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Appropriate Professional Conduct

As with any professional relationship, the psychotherapeutic relationship requires high standards of moral, ethical, and appropriate conduct on the part of the psychotherapist. Specifically, any form of sexual intimacy between a therapist and a client is never appropriate. The booklet "Therapy Never Includes Sex" is available to you upon your request.

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Risks and Benefits of Therapy

Psychotherapy is a process in which the therapist and the client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so the 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 the client may be experiencing. Psychotherapy is a joint effort between the client and the 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 the 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 the 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 the therapist will challenge the client's perceptions and assumptions, and offer different perspectives. The issues presented by the client may result in unintended outcomes, including changes in personal relationships. The client should be aware that any decision on the status of his/her personal relationships is the responsibility of the 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. The client should address any concerns he/she has regarding his/her progress in therapy with the therapist.

Initial Here _____



Roxanne Strauss, MA
Licensed Marriage and Family Therapist #MFC 92329
4700 Spring St. #204, La Mesa, CA 91942
619-987-1790 www.roxannestrausstherapy.com

As a client, I have read and understand (or have asked for clarification about) the information presented in this form, and consent to treatment within the aforementioned guidelines.

1. _____
Sign Name Print Name Date

2. _____
Sign Name Print Name Date

Therapist:

Sign Name Print Name Date



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I acknowledge my credit card information will be kept on file to be used for session fees in which I do not provide payment (unless other arrangements have been made with my therapist). Charges for missed appointments not cancelled within the 24 hours advanced notice, returned check fees and the amount of the check paid, and overdue balances of more than 30 days will be billed to my account. My credit card will only be used under these circumstances or when I have not provided payment in another form (i.e. cash or check). By signing below and providing my credit card information, I authorize Roxanne Strauss Therapy, to charge my credit card.

1. _____
Sign Name Print Name Date

2. _____
Sign Name Print Name Date

Name on Credit Card: _____

Billing Address on Card:

Credit Card Number: _____

Expiration Date: _____ CVV (3 digit code on back): _____

Phone Number on record with Card:

Credit Card Type: Visa • MasterCard • AmericanExpress • Discover



Roxanne Strauss Therapy, 4700 Spring St. #204, La Mesa, CA 91942