

Erin Pensinger, MA, MFT
Licensed Marriage & Family Therapist
Lic.43507

Informed Consent for Psychotherapy Services

Welcome: This document is intended to provide important information regarding your treatment and the office policies and practices of Erin Pensinger, MFT. Please read the entire document carefully and be sure to ask any questions that you have regarding its contents.

What makes Psychotherapy successful?

Therapy requires active involvement on your part. Good communication between therapist and client is probably the most important factor in having a successful outcome. As a client, you have a right to ask me questions about my qualifications, experience, education, and therapeutic approach. If at any time during therapy you have questions about whether or not the treatment is effective, need clarification on the goals, or want to discuss ending therapy, please do not hesitate to bring this up in session.

Qualifications:

I am a licensed Marriage & Family Therapist in the state of California. I hold a Masters in Clinical Psychology from Antioch University and a BA from UCLA. My license number is MFT 43507.

Fees:

Sessions are 50 minutes. Sessions longer than one hour are charged for the additional time pro rata. Phone sessions are billed at the same rate as “live” sessions, beyond the occasional 10-15 minute check-in. Fees are payable by check or cash at the time services are rendered.

The therapist reserves the right to periodically adjust fees. You will be notified of any fee adjustment well in advance. If for some reason you find that you are unable to continue paying for therapy, please inform me so we can discuss options that may be available to you at that time.

Unpaid Balances:

Payments received more than 30 days after services are rendered are subject to late fees. There is a \$25 fee for returned checks. Delinquent bills will be turned over to a collection agency.

Appointments:

Sessions are typically once a week, but they can be scheduled more or less frequently as needed. Your consistent attendance greatly contributes to a successful outcome.

Cancellations:

If you need to cancel or reschedule an appointment, please call with at least 48 hours advance notice since this time is reserved solely for you. If you do not give at least 48 hours advance notice, you will be charged the full fee for your missed session.

Therapist availability:

You may reach me by leaving a voicemail message at (650) 281-9894. I check my voicemail Monday-Friday during regular business hours and am generally able to return calls within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message. In the event of an emergency, call 911 or go to your nearest hospital emergency room.

Confidentiality:

All communication between therapist and client will be held in strict confidence unless:

1. The client authorizes release of information with a signature.
2. The therapist is court-ordered to release information.
3. The client presents a danger to self, others or the property of others.
4. Child or elder abuse is suspected.

In the latter two cases, therapists are required by law to inform potential victims and legal authorities so that protective measures can be taken.

Clients should also be aware of how insurance impacts confidentiality. Insurance companies typically require only the following information: diagnosis, dates of service, type of service provided, fees for service, and sometimes treatment goals. No additional personal information is shared with insurance providers.

Minors and confidentiality:

When seeing children and adolescents, it is necessary to have a confidential relationship to ensure trust. However, as a parent you have a right to information about your child, so your therapist will speak to you in a general way about observations, concerns, and recommendations. Of course, any concerns regarding your child's safety will be shared. The therapist will explain confidentiality- and its limits- to your child as well.

By signing this document, you consent to treatment and confirm that you have read and understand the policies outlined above.

Name (please print): _____

Name (please print): _____

Signature: _____

Signature: _____

Date: _____