

Informed Consent

The following are important issues in beginning a therapeutic relationship and concerning what you can expect in therapy. Please discuss with Michael Beavers, MS LMFT any items that are unclear to you. Please initial each section, as indicated.

Patient Consent to Therapy

I hereby voluntarily request and consent to counseling services. This consent applies to myself, child, ward and/or client signing on the signature page. I understand that my continued participation implies voluntary informed consent and I have the right to refuse services at any time. I understand that the services are limited to assessment, consultation and intervention that may include counseling and brief psychotherapy. I understand that my counselor is not warranting a cure or offering any guarantee of results or improvement of any condition.

Client(s) initial(s) of agreement and understanding: _____

Fees and Cancellations

The usual and customary fee for individual and marital/family treatment is \$85/hour¹. Any increase in fees will be communicated to patients at least two weeks prior to the new fee becoming effective. Appointments may be cancelled with 24 hours notice by leaving a voice mail at 909-336-3330. Missed appointments not cancelled with such notice may be billed at the regular rate.

Patient(s) initial(s) of agreement and understanding: _____

Therapist Legal Entity

Michael Beavers, MS LMFT (including MFT interns) is practicing as an independent private provider, with no legal or other connection with any other practicing professionals or professional group.

Patient(s) initial(s) indicating agreement and understanding: _____

Confidentiality

Information disclosed by you during the course of your therapy is confidential. However, there are exceptions to confidentiality including, but not limited to: reporting child, elder and dependent adult abuse, danger to self, expressed threats of violence towards an ascertainable victim, and where you offer your mental or emotional state in a legal proceeding.

Patient(s) initial(s) indicating agreement and understanding: _____

Minors and Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. Consequently, I may discuss the treatment progress of a minor client with the parent or caretaker, but not details that would decrease trust between the minor and me. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic.

Patient(s) initial(s) indicating agreement and understanding: _____

Legal Issues

Legal Issues: Should any legal issues/disputes arise between the client and the therapist, the client agrees to settle said issues/disputes through mediation and binding arbitration rather than the court system. By signing this document you are waiving your rights to have this matter determined and resolved through any civil or court proceeding.

Patient(s) initial(s) indicating agreement and understanding: _____

Use of Email

If email is used for communication of routine matters (e.g. scheduling) I acknowledge and accept the risk inherent in this communication medium. If more extensive communication is required, I understand I can use the secure email feature at TherapyAppointment.com (available through "Schedule an Appointment" link at MikeBeaversLMFT.com)

Patient(s) initial(s) indicating agreement and understanding: _____

Testifying/Court Consultation

Should court consultation or any testimony be needed or desired, it will be billed at the rate of \$110/hour with a minimum billed of \$440. Such consultation/testimony would need to be scheduled in advance in order to accommodate client schedule.

Patient(s) initial(s) indicating agreement and understanding: _____

Brief Therapy/Description of the Therapeutic Process

Brief therapy is goal-directed problem focused treatment. This means that a treatment goal or several goals are established after a

¹Therapy typically occurs during a 50 minute period, leaving 10 minutes for documentation.

thorough assessment. All treatment is then planned with the goal(s) in mind and progress is made toward accomplishment of that goal in a time-efficient manner. You will take an active role in setting and achieving your treatment goals. Your commitment to this treatment approach is necessary for you to experience a successful outcome. If you ever have any questions about the nature of the treatment or your care, please do not hesitate to ask.

It may be helpful to know some specifics about what is likely to happen during therapy. Here are some common strategies and other realities of therapy:

1. Homework. Rarely does a session end without my prescribing something to do before the next session. This may take the form of trying out new behaviors, journaling, reflecting on a particular principle, or having a particular conversation with a significant person.
2. Reading. I will often recommend reading a book or article that may be helpful to the work you're doing. I only recommend reading for those patients who are comfortable with this change method. Though it is powerful, it is certainly not the only way of changing.
3. Strong feelings. In most authentic therapy experiences, strong feelings arise which will be addressed honestly and supportively.
4. Assessments. A variety of written or other assessment tools (for example, the Myers-Briggs Type Indicator) may be used to help generate insight and/or life change.
5. Progress of Therapy. It is important to understand that progress in treating relationships and emotions is seldom without negative feelings; in fact patients often will feel worse for a period of time before they feel better. Therapy is not always successful. Treatment planning will be revisited occasionally to ensure progress is being made toward patient goals.
6. Termination. Both patient and therapist are free to terminate therapy at any time. The patient is encouraged to allow at least one session for termination issues (closure, solidifying gains, planning, etc.).
7. Ethical Standards. Michael Beavers, MS LMFT has agreed to be bound by the California Association of Marriage and Family Therapists (CAMFT) ethical guidelines which are available online at www.CAMFT.org or may be requested from Michael Beavers, MS LMFT.

Patient(s) initial(s) indicating agreement and understanding: _____

Availability and After-hours Contact Information

Except under special conditions mutually agreed, this therapist is generally not available after hours. If a psychiatric emergency arises, patients are instructed to call "911" and seek appropriate emergency services. If a patient desires to schedule a session between normally scheduled sessions patient can call (909) 336-3330 and schedule an appointment or use the online scheduler at MikeBeaversLMFT.com.

Patient(s) initial(s) indicating agreement and understanding: _____

FOR GROUP THERAPY

It is agreed that any personal information shared by other group members will be held in the strictest confidence.

Patient(s) initial(s) indicating agreement and understanding: _____

HIPAA RECEIPT

Initial here to indicate having received "Notice of Privacy Practices" _____

My signature indicates I have read, understand, and agreed to these items as stated herein.

Patient Name (printed)

Parent (if applicable)

Parent (if applicable)

Patient Signature

Signature

Signature

Date

Date

Date

Other Name (printed)

Other Signature

Date