

# Hallie Scott, MA LMFT #MFC40553

## *Disclosure Statement & Consent to Treatment*

### **INTRODUCTION** ~

Welcome to my office. I am excited that you have chosen to enter the therapy process. Please carefully read the following as it provides important information regarding the practices, policies and procedures of Hallie Scott, MA LMFT. We can discuss any questions you may have prior to signing it.

### **Therapist Background and Qualifications** ~

Hallie Scott is a Licensed Marriage and Family Therapist (MFC40553) in the state of California. My theoretical orientation can be described as attachment based, psychodynamic and interpersonal.

### **FEES, INSURANCE & BILLING** ~

My standard fee is \$175.00 for a 45 minute session. I reserve the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance. If you would like to bill your insurance I am happy to provide you with a superbill. I am unable to determine or guarantee whether your insurance will reimburse you for the services provided to you.

- Fees are payable by cash, check or credit card at the time services are rendered. There is a \$30.00 fee for returned checks.
- If someone other than you is paying for your therapy (i.e, a friend, relative, church) it does not entitle them to confidential information, updates, or reports on your treatment without your written consent. Some exceptions may apply.
- If you are being seen on a sliding scale your fees may be increased as your situation improves (i.e re-employment, pay raise, better job, etc.)

### **CANCELLATION POLICIES** ~

Your appointment time is reserved for you. Sessions are typically scheduled once a week; your consistent attendance will contribute to your continued growth. Please allow at least 24 hours to cancel or reschedule your appointment ~ without 24 hour notice you will be expected to pay for any missed appointment.

### **THERAPIST AVAILABILITY** ~

My office is equipped with a confidential voice mail system that allows the client to leave a message at any time. I will make every effort to return calls within 24 hours (or the next business day), but cannot guarantee the calls will be returned immediately. I am unable to provide 24-hours 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.

### **PSYCHOTHERAPIST-CLIENT PRIVILEGE** ~

The information disclosed by the client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client results from the special relationship between therapist and client in the eye of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically the client is the holder of the psychotherapist-client privilege. If the therapist received a subpoena for records, deposition testimony, or testimony in a court of law,

Therapist will assert the privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. Client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

**CONFIDENTIALITY ~**

All communication will be held in strict confidence and will not be released unless client provides written authorization to do so, except where required 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 client is dangerous to him/herself or the person or property of another.

In addition, federal law known as The Patriot Act of 2001 requires psychotherapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and prohibit the psychotherapist from disclosing to the client that the FBI sought or obtained the times under the Act.

**ABOUT THE THERAPY PROCESS ~**

The first session is considered a consultation. If either of us should decide for any reason that we are not the right fit I will provide you with a referral to another therapist.

Psychotherapy is a collaborative process and many clients find that they feel worse before they feel better. This is a normal progression of the therapeutic process. Personal growth may often be easy and quick and many times feels slow and frustrating. Client should address any concerns regarding their therapy process with the psychotherapist.

**TERMINATION OF THERAPY ~**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea for us to collaboratively decide on termination timing. We can discuss a plan for termination as you approach the completion of your treatment goals. You, of course, may discontinue therapy at any time.

**Your signature indicates that you have read this agreement for services carefully, understand its contents, and agree to its terms. Please ask me to address any questions or concerns that you have about this information before you signs. I look forward to working with you.**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Client Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Client Signature

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Therapist Signature