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## **Informed Consent**

### **Regarding Outpatient Individual Psychotherapy**

State law requires that psychotherapy clients are provided with information to allow them to make informed decisions regarding participation in psychotherapy.

#### **Risks and Benefits of Psychotherapy**

Most people considering psychotherapy are experiencing problems that may be causing personal problems or problems in relationships. The goal of psychotherapy is reduction of such problems. However, some individuals experience an exacerbation of problems of different problems in the course of psychotherapy.

These problems can include flooding of emotions, intrusive thoughts, anxiety, flashbacks, nightmares, panic attacks, self-destructive or angry impulses, depression, suicidality, numbing dissociations, and feelings of disorganization. In some cases, people have difficulty maintaining employment or academic studies, problems in social and family relationships, or require hospital care.

#### **Confidentiality: Psychotherapy is confidential, with important exceptions:**

1. Information may be released to designated parties by written authorization of clients or legal guardians.
2. Therapists are required to report suspected past or present abuse or neglect of children, adults, and elders, to the authorities, including Child protection and law enforcement, based on information provided by the client or collateral sources.
3. If clients participate in psychotherapy in compliance with a court order, therapists are required to release information to the relevant court, social service, or probation departments.
4. 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 psychotherapy client or to others, e.g.; imminent risk of suicide, homicide, or destruction of property that could endanger others.
5. Therapists are required to provide information in response to court orders and, in some cases, to subpoenas. In some kind of proceedings, courts order the entire psychotherapy record to be provided.
6. Psychotherapists reserve the right to release financial information to a collections agency, attorney, or small claims court, if you are delinquent on paying your bill.

#### **Therapy Fees**

Payment is due at the time of each appointment either by cash, check, or paypal.

60 -minute session is \$140.00

90 -minute session is \$185.00

120 -minute session is \$280.00

**Cancellations**

A cancellation is granted when notification is given 24 hours before the session begins. You will be charged in full for any missed or changed appointment without 24-hour notice. If you are running late please call. If you are more than 15 minutes late and have not called, I may consider the session cancelled without notice and charge for the appointment.

**Emergencies**

I may telephone my therapist in an emergency. My therapist is not always immediately available by phone and may not be available in the late evening. If unavailable, my therapist will return my call as soon as possible. If I cannot reach my therapist, I can call the 24-hour Crisis Team at (800) 746-8181. When my therapist is out of town, and if I am not seeing another mental health professional, such as a psychiatrist, my therapist will provide me with phone numbers of alternate sources of help.

**Obligations of Adult Psychotherapy Clients**

I understand that I must be open and honest with my therapist, even if doing so is painful or embarrassing. Lack of complete openness strips therapy of its meaning and exacerbates psychological problems, such as dissociations and denial. Therapists usually cannot tell when clients deliberately conceal things. Therapists can only help clients to the extent that they are provided with the whole truth.

I agree to respect my therapist’s private and professional life and not make excessive demands on my therapist or his or her time. A therapist is a guide, not a friend. I must maintain my own support network.

**Psychotherapy Contract for Adult Clients**

I have read the above information, have asked questions as needed, and understand the issues related to the risks and benefits of psychotherapy, medical concerns, confidentiality, professional records, length of psychotherapy, fee for psychotherapy, emergencies, and the obligations of psychotherapy clients.

Based on my understanding of these issues, I agree to proceed with treatment.

Print Name	Signature	Date
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Christy Shea	Date
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