Informed consent contract

WELCOME TO MY PRACTICE!

Once you sign this agreement it becomes a binding agreement between us and also signifies your consent for us to begin therapy.

Our therapeutic relationship is entirely voluntary. Progress may vary depending upon both the presenting problem, your motivation and willingness to follow recommendations. You may discontinue therapy at any time and either of us may elect to initiate a discussion of treatment alternatives including referral, changing your treatment plan or termination.

MY BACKGROUND AND QUALIFICATIONS

I hold a Bachelor's degree in Psychology, Masters degree in Educational Psychology, Counseling and Marriage and family therapy. My California License number is 105104. I have acquired specialized training in working with kids, teens, couples and families.

LIMITS OF CONFIDENTIALITY

During the course of treatment, all communications between you and I, will be held in strict confidence unless you provide permission to release such information. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, if you make a serious threat of violence towards a reasonably identifiable victim, or if you are dangerous to yourself.

MINORS AND CONFIDENTIALITY

Communications between myself and clients who are minors (under the age of 18) are confidential. However, as a parent or guardian who provides authorization for your child's treatment, you are often involved in the sessions. Therefore, using my professional judgement, I may discuss the treatment details. Please feel free to discuss any questions or concerns you have regarding this policy.

E-MAIL CONSENT

If you are emailing me, you are agreeing for me to email you pertaining information and any risk is solely yours. You may be charged for the time it takes to spend reading and responding to emails and text messages beyond 5 minutes.

RECORDS AND RECORD KEEPING

I take notes during session and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records. Such records are my sole property. Any requests for documentation must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records.

PSYCHOTHERAPIST-CLIENT PRIVILEGE

Typically, the client is the holder of the psychotherapist-client privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the psychotherapist-client privilege on your behalf until instructed, in writing, to do otherwise by you or your representative.

When a client is a minor child, the holder of the psychotherapist-client privilege is either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to waive the psychotherapist-

client privilege for their minor children, unless given such authority by a court of law.

FEE

Rate is $160-$220 per visit.

Our agreed upon rate is ____________.

Payment for each session is due at the onset of the visit. There is a 48 hour cancellation window. If cancellations are made less than 48 hours in advance of the scheduled session time, the full session fee is due.

I reserve the right to periodically adjust the fee. You will be notified of any fee adjustment in advance. All sessions are 50 minutes unless otherwise noted and my rate would be prorated accordingly.

ACKNOWLEDGEMENT

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with me and have had any questions answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with me. Moreover, you, as the Client or Representative agree to hold me free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever.

I HAVE READ AND UNDERSTAND THE POLICY AND AGREE TO ABIDE BY ITS GUIDELINE.

I give Esther Krohner LMFT 105104 permission to assess and provide treatment.

Name____

signature____

Date____

If a minor continue here:
Name of Legal guardian____
Signature____
Date____

Name of Legal guardian____
Signature____
Date____

EMERGENCY

call 911 to request emergency help.

You should also be aware of the following resources that are available in the local community to assist during crisis.
Suicide & Crisis Hotline: 1-800-999-9999 Suicide Prevention Lifeline:1-800-273-TALK Domestic Violence: 1-626-967-0658 Mental Health Help 24/7: 1-800-854-7771