# The Office of Amanda Medina, MA Licensed Marriage & Family Therapist



# Informed Consent for Services

#### Qualifications & Therapeutic Process

I am a Licensed Marriage & Family Therapist (LMFT), California License #MFC44528. I earned a Bachelor's Degree in Psychology from Azusa Pacific University and a Master's Degree in Clinical Psychology from Pepperdine University. I share office space with Bayside Church Of Granite Bay, however I am a sole practitioner and am not an employee of Bayside Church. My experience includes work with foster care, adoption, school-based services, juvenile probation, severely emotionally disturbed minors and adults, autism spectrum disorders, a wide range of treatment issues, and treatment of children, teens, adults, and families. My theoretical approach is integrative in that I draw from a variety of modalities depending on each client's treatment needs. However, I work from a strong psychotherapeutic foundation of cognitive-behavioral, solution-focused, narrative, family systems, and some integration of psychodynamic techniques.

My goal as a therapist is for clients to experience relief from symptoms, to improve interpersonal relationships, to promote healing, and encourage growth. I have had the honor of witnessing many clients experience the benefits of therapy. But there is no guarantee that psychotherapy will yield positive or intended results and there are some possible risks. Clients generally come to therapy to deal with complicated and painful issues in their lives. Because of this, the process of therapy may involve the experience of intense feelings, facing unpleasant thoughts and beliefs, and recalling unpleasant life events, among other things. In therapy, clients may also make major life decisions impacting their relationships, employment, housing, or lifestyle. As clients work through their problems, they may feel that things get worse before they get better, and sometimes they must face very difficult realities. Therapy requires effort on your part, honesty and openness. I am here to walk beside you through this process.

## Appointments/Cancellations

- 1. Appointments are generally weekly on the same day and time. If you must cancel an appointment, at least 24-hours notice is required. The regular fee will be charged if an appointment is missed or canceled with less than 24-hours notice. Most insurance companies do not reimburse for missed sessions.
- 2. If you miss an appointment and I have not heard from you, I will continue to hold the following weeks' appointment and the normal cancellation policy will apply. If I have not heard from you after two consecutive missed appointments I will no longer hold your appointment time, but feel free to contact me to discuss resuming treatment.

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#### Payment

1. Fees:

a. 50 minute session: \$90
b. 75 minute session: \$135
c. Late Payment Fee: \$15

- 2. Fees include the session time as well as time used on your behalf, including record keeping and preparation.
- 3. Payment is due in cash or check (made out to Amanda Medina) at the beginning of each session or late fee applies, unless agreed otherwise and arrangement is listed here:
- 4. For clients that have difficulty affording the session fee, I have limited openings at a reduced fee. If we have discussed and agreed upon a different fee I will list it here:
- 5. Telephone consultations longer than 15 minutes, site visits, court related activities, travel time, etc, will be charged at the 50 minutes session fee, unless agreed otherwise and listed here:
- 6. Periodically rates may be raised, and you will be given at least 30-days notice.
- 7. If at any point during treatment you are unable to afford the fee, I may be able to offer a reduced fee (I have limited openings for sliding scale) and/or I will provide you with a referral(s) to lower cost therapy providers.
- 8. Bounced checks will result in a \$35 service charge, due at the next appointment or within a week.
- 9. I do not currently accept insurance, however if you wish to seek reimbursement from your insurance provider, I am happy to provide a receipt for you to submit. The amount of reimbursement and the amount of any copayments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions, a certain number of sessions, and sometimes a physician's referral is required. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. I am unable to guarantee whether your insurance will provide reimbursement for the services provided to you, and you are responsible for the fee whether or not your insurance reimburses you.

## Confidentiality

I consider your privacy and confidentiality of the utmost importance. I will not release any information about your treatment or even confirm or deny whether you are a client without obtaining a written Release of Information document signed by you (and a custodial parent in the case of a minor; and all members of the treatment group in the case of couple or family therapy). However, there are some limits to confidentiality. When an exception to confidentiality occurs, I only release the portion of client records that is absolutely necessary. The following is a list of the situations in which I am obligated or permitted to disclose information in accordance with the legal and ethical parameters of my profession:

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- 1. Threat to others (serious threat of violence to a reasonably identifiable person or property);
- 2. Threat to self (gravely disabled or suicidal ideation and unable to agree to an adequate safety plan);
- 3. Abuse or neglect of a minor, dependent adult (18-64 years), or elderly adult (over 65 years);
- 4. As required by court order where the psychotherapist-patient privilege is overturned by the court;
- 5. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your mental health provider;
- 6. As required by the federal law known as The Patriot Act of 2001; and
- 7. As required by the coroner for investigation of a deceased client.

#### Minors & Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are *confidential*. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, I may discuss the *treatment progress* of a minor patient with the parent or caretaker, but not details that would decrease trust between the minor and me.

### Couple or Family Therapy

In treatment that involves more than one person (couples, families, etc) | adhere to a "no secrets" policy between involved clients. In most cases, holding secrets within the context of therapy is counterproductive to the therapeutic goals. | will first work with you on a plan to share any such "secret" disclosures yourself, but for the furtherance of treatment, | may choose to share any such information with other members of the treatment group at my discretion. Exceptions are made if safety is a concern.

## Emergencies/Illness/Vacation

Although | try to be available for my clients' needs, | work on a part-time basis, and am not equipped to be available to clients for emergencies at all times. Between appointments, you may reach me by leaving a message on my confidential voicemail and | will generally return your call Monday- Friday within 24 hours. If you experience a medical or psychiatric emergency, please call 911 or ACCESS crisis line at 916.787.8860. If | must miss an appointment due to illness or emergency (personal or professional) | will give you as much notice as possible. If | will be on vacation | will give at least two-week notice for any affected appointments. | will provide you with contact information for an on-call colleague should you need assistance in my absence. You are never charged for an appointment that | cancel.

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#### Terminating Treatment

You have the right to end treatment at any time for any reason. However, clinically it is beneficial to mutually agree on a termination plan together with your therapist. As you near achievement of treatment goals, I will discuss with you a termination plan. If you are not making progress in treatment and/or I feel that my services will not benefit you, it is sometimes necessary to refer you to another therapist or type of service. If you decide to end treatment for some reason, I request a minimum of one session for the termination and closure process.

#### 24 Hour Clean and Sober Policy

It is in the best interest of the therapeutic process that all treatment members attend each session without being under the influence of mind-altering substances, whether legal or illegal.

#### Dual Relationships

Therapy never involves sexual, business or any other dual relationship that impairs my objectivity, clinical judgment, therapeutic effectiveness or which can be exploitative in nature. If we happen to see one another in the community | will respect your confidentiality by not acknowledging or approaching you. I will take no offense if you also choose not to acknowledge me. If you decide to initiate contact and are with other people, I will let you handle any introductions that arise and will not introduce myself as your therapist.

	s that you have read this agreements any questions or concerns that		Ü	
Client Printed Name	Client Signature		Date	
Client Printed Name	Client Signature		Date	
f the client is a minor or a Consent to Treat a Min	a minor(s) is part of the treatment nor.	group, then this doc	ument shall serve a	as an <b>Informed</b>
Minor Client Signature	Parent/Guardían Sígnature	Relationship	— Date	_
Minor Client Signature	Parent/Guardian Signature	Relationship	——————————————————————————————————————	_
Minor Client Signature	 Parent/Juardian Signature	 Relationship	 Date	_

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