

## **Informed Consent, Disclosure and Agreement for Treatment**

Thank you for choosing me for your mental health care needs. As a trained and experienced psychotherapist, I am licensed by the State of California as a Marriage & Family Therapist (MCF# 52696) and as a Certified Massage Therapist (CMT# 2957). I have received education and training in a variety of therapeutic orientations, including crisis intervention, cognitive behavioral therapy (CBT), family systems, motivational interviewing, body-centered psychotherapy, somatic psychology, transpersonal psychology, and Jungian orientated psychology.

My goal is to provide you with the best possible care at all times. I hope that you will feel comfortable and secure with your treatment. I welcome any suggestions you may have that will help improve the care you receive.

### **Psychotherapy – There Are No Guarantees**

The decision to see psychotherapy is not an easy one. There are usually a mix of thoughts and feelings about psychotherapy. Even so, most people relax during the course of working together. Psychotherapy is not like a visit to the primary care physician. Therapy requires an active effort on your part, which includes honesty, openness, and trust. This will help facilitate change in your thoughts, feelings, and actions. The therapeutic process also asks of you to work on things not only during the sessions but at home.

Psychotherapy has both benefits and risks. As therapy asks you to go deeper, discussing things that are unpleasant about your life and bring up uncomfortable feelings in order to achieve your goals. My goal is to facilitate your healing, growth, or change in a timely manor but there is no magic answer. Therapy may either be short-term work, 12 to 13 sessions, or long-term work, which can last a year or longer.

### **Services Provided**

I provide counseling and psychotherapy services to individuals, couples, families, and groups. An initial assessment is usually necessary to determine appropriate needs and course of treatment. An evaluation for special needs may also be required and a referral to a health care specialist as needed. If you have any questions about any of my services, please feel free to discuss them with me.

### **Things To Let Me Know During Treatment**

My goal during therapy is to provide you with a safe container to experience all your feelings and thoughts that may be creating conflict and understanding. Things, situations, and circumstances sometimes change, it is important to let me know of these changes so that we can discuss them in the course of your treatment. Also, if you are having positive or negative feelings about me it is important to let me know, this is natural and part of the therapeutic process. It is vital to include as much as possible during the sessions. Sex is never part of therapy, knowing this makes it easier to discuss sexual feelings, sexuality, and any other intimate emotions during our sessions.

Let me know of any health conditions or concerns you have or that may have changed during our time together. This includes but not limited to illness, exercise, diet, medications, and change in medications. Physical conditions have a profound effect on your psychological functioning and this information needs to be a part of your treatment. Also, please let me know if the frequency of sessions it not meeting your needs or budget. Sessions can be changed to either more or less frequently.

### **Rates, Payments & Insurance**

All rates are subject to change at any time, and are routinely reviewed each year.

Individual therapy session: \$110 per 60-minute | \$145 per 90-minute session

Couples & Family therapy sessions: \$110 per 60-minute | \$145 per 90-minute session

Group Therapy sessions: \$45 per 60-minute | \$70 per 90-minute session

Phone sessions: \$15 for 10-20 minute phone calls

\$25 for 20-30 minute phone calls

There is no charge for brief phone calls or e-mails for the purpose of setting up or changing appointments.

### **Reduced Fee**

Reduced fee and sliding scale services are available on a limited and case-by-case basis. Please ask Jerry about his reduced fee rate, if you feel this might apply to you, due to financial constraints. If at some point during your treatment you are unable to afford your pre-arranged reduced fee agreement due to financial constraints, please discuss alternate options with Jerry. These options might include a re-negotiated fee or a referral to state or county funded outpatient services for low-income individuals.

Jerry Moreau, LMFT, CMT  
MFT# 52696

2630 1<sup>st</sup> Ave., Suite 210  
San Diego, CA 92103

### **Payment**

It is usually best to settle the payment at the start of each session. The end of the sessions can be rushed and you may have other things on your mind from the work you have been doing during the session. Payments are accepted in the following ways: Cash, check, and all major credit cards accepted for payment. (2.75% is added for credit cards).

### **Insurance**

Private or commercial insurance is not accepted at this time. Please inquire about future possibilities with insurance coverage. Clients may pay in cash at the session and bill their insurance carrier for reimbursements. If requested, at the end of the month I will provide an invoice that is a standard form accepted by insurance companies.

### **Late / Cancellation / No Show Policy**

Sessions begin and end on time. If you are late for a session I will still end on time and you are to pay the full session fee.

If you do not show up for your scheduled therapy appointment, and you have not notified me at least 24 hours in advance, you will be required to pay the full cost of the session. However, if you do reschedule your appointment within one week of your missed session, then your required payment for the previously missed session will be waived. Exceptions are made in cases of extreme emergency.

### **Missing or Late Payments**

The inability to pay for services is cause for a discussion of treatment. If your account is 30 days past due I reserve the right to discontinue services. I also reserve the right to forward your protected health insurance information (PHI) to a collection agency if your account is past 60 days due. The following information can be released to a collection agency: your name, address, phone number, date of birth, dates of services, diagnosis, the record of accounts, and the amount/balance due.

If you paid for services with a personal check and if your check, "bounces", is returned for insufficient funds and I am charged a fee an administrative fee of \$30 will be added to your balance.

### **Office Hours / Contacting Me**

My office hours are:

- Monday – Friday 9am – 7pm
- Saturday 9am – 5pm (two Saturdays per month)

My number is (619) 208-7654 and my email address is [JerryMoreauMFT@cox.net](mailto:JerryMoreauMFT@cox.net)

Jerry Moreau, LMFT, CMT  
MFT# 52696

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My phone is often answered by voicemail. Please leave a complete message, including your name, the best number and time to call you back.

I do my best to return non-urgent phone calls within 24-hours Monday through Friday. If your message is urgent please include that in your message and I will get back to you as soon as I am able. Depending on my schedule, I may not be available to return your phone call within 24 hours or on Saturday or Sunday.

### **Non-Scheduled Availability / Emergencies**

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed in person and within regularly scheduled therapy sessions.

You may leave a message for me at any time on my confidential voicemail at **(619) 208-7654**. If you wish for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

Non-urgent phone calls are normally returned during regular workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided in my voicemail, such as other contact information for community support resources.

Depending on my schedule, I may not be available to return your phone call within 24 hours or on Saturday or Sunday.

However, in the event of an emergency or an emergency involving the threat to your safety or the safety of others the following is for **Immediate Crisis Counseling**:

- 1. Call 911 to request emergency assistance,**
- 2. Go to the nearest Emergency Room**
- 3. Call The San Diego County Crisis and Hotline number at 1-888-724-7240.**
- 4. Call the National Suicide Hotline at 1-800-784-2433 (1-800-SUICIDE)  
Or 1-800-273-8255 (1-800-273-TALK)**

### **Confidentiality**

The law protects the confidentiality between a client and his or her therapist, and information cannot be disclosed without written permission.

All communication between you and your therapist will be held in strict confidence unless you provide written permission to release information about your therapy or

counseling treatment. If you participate in family or couples counseling, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in therapy with you provide their written authorization to release. Your therapist will not disclose information communicated privately to him by one family member to any other family member outside the treatment unit, without written permission.

In their practices, therapists must maintain the confidentiality of clients' protected health information by adhering to practice policies set forth through HIPAA guidelines (Health Insurance Portability and Accountability Act).

However, there are some exceptions to confidentiality. For example, therapists are required to report instances of suspected child, elder, or dependent adult abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client presents the danger of bodily harm to him or herself. The safety of the client is a critical priority in therapy, and your therapist will take necessary steps to ensure that you remain safe if any of these situations are a concern.

### **No-Secrets Policy**

If you are receiving couples, family or group therapy, your therapist is not obligated to withhold information communicated privately by one family member with him. It is important that an atmosphere of trust is upheld within the experience of couples, family, and group therapy. As such, expecting your therapist to keep private information as a secret between you and him will risk undermining the trust within therapy with other family or group members. If you do share private information with your therapist on an individual basis, your therapist will encourage you to consider how to communicate this information to other family or group members, in a way that will be most appropriate and beneficial for the therapeutic treatment of yourself and for other clients who are in therapy with you.

### **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 therapy or counseling treatment are often involved in their treatment of care. Consequently, your therapist, in the exercise of his professional judgment, may discuss the counseling treatment progress of a minor client with the parent or caretaker. Parents of clients who are minors are encouraged to discuss any questions or concerns that they have on this topic with their therapist.

In some situations, a minor client may be allowed to participate in therapy without the

consent of a parent or guardian. Currently, under California law, this pertains to minor clients when the following criteria are met: (1) the client is at least 12 years of age, (2) the client is mature enough to participate intelligently in therapy, (3) there must be a sufficient reason not to inform the client's parents or legal guardian (e.g., due to the threat of the client's safety or well-being), (4) therapy must be provided on an outpatient basis, and (5) the minor client must be responsible for paying the fee of therapy and is able to pay this fee without relying on any illegal means of income.

**Termination**

The decision to terminate therapy usually is a joint decision; however either client or therapist may initiate termination.

It is good practice to meet for one or two sessions after the decision to terminate has been made. Clients are sometimes reluctant to schedule these sessions but very often have found them to be very helpful.

You may discontinue your treatment at any time. If you or I determine therapy is not going well, not just a rough patch, but you have stopped benefiting from treatment. We will discuss options that may be available for you. If appropriate, I might suggest that you see another therapist or another professional.

**Conclusion and Signature**

Your signature, the client, below indicates that you have read (or had me read) and understand this agreement in its entirety and agree to treatment within its terms. If you have any questions please ask me.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian (if applicable)

\_\_\_\_\_  
Signature of Parent of Guardian (if applicable)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_