

INFORMED CONSENT

About Me: I, Christina Duffy, am a licensed Marriage and Family Therapist (No. 86699, CA) who is committed to providing innovative, culturally competent, strength-based, heart-centered counseling services.

Fees: Fees are to be paid at the beginning of each session except for phone sessions, which are paid in advance of the start time. If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you consider any options available. My rates are subject to change but your rate may not be affected. At least two weeks notice is given for rate changes.

Payments: You can pay by cash, check, credit card, or PayPal. Checks can be made payable to: Christina Duffy and for phone sessions, can be mailed to P.O. Box 983, Fair Oaks, CA 95628.

Insurance: If you have insurance and use me as an “out of network provider,” I will mail you a bill at the end of each month that has all the necessary information for your insurance company. You will be responsible for paying the full fee per session. Information likely disclosed to insurance companies include: Dates of treatment, diagnosis, prognosis, progress, and treatment plan.

Cancellation Policy: You are responsible for payment of the agreed upon session fee for any missed session(s). You are also responsible for payment of the agreed upon session fee for any session(s) for which you failed to give me at least 24 hours notice of cancellation or 24 hours notice of changing an office session to a phone session. Such notices should be left on my voice mail (916-827-0071).

Phone Contacts: Telephone communications between sessions are welcome when they are urgent or in regards to scheduling. If events arise in between your therapy appointments that are especially upsetting to you and you wish to speak with me, please call my confidential voicemail system (916-827-0071). I may discuss the situation briefly by phone or set up a special office appointment to discuss it more in depth. Telephone conversations lasting longer than 10 minutes will be billed at the prorated fee of a regular session but I will remind you of this during the phone call before reaching 10 minutes.

Emergency Contact: I have a confidential voicemail system (916-827-0071) that allows my clients to leave a message at any time. I will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. I am unable to provide 24-hour crisis service. If I am unable to respond quickly enough, please call the Crisis Support Services 24-HR Crises Hotline at 1-800-273-TALK (8255) or, in the event that you are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

Limits to Confidentiality: All information shared during therapy sessions remains strictly confidential, with the following exceptions: (1) I am required to report instances of actual or suspected child, elder, or dependent abuse; (2) when I have determined that a client presents a serious danger of physical violence to another person or (3) when a patient is dangerous to him or herself; (4) if the material is court ordered; (5) if a pregnant woman is using restricted substances; or (6) if my client was neglected or abused by a health care provider. In addition, (7) a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

Couples / Family Therapy: I have a “no secrets policy” for couples and family therapy. What that means is I reserve the right to disclose confidential information given to me, by a client *individually*, in the couple/family therapy session *only* if I feel it is in the best interest of the relationship or family.

Minors and Confidentiality: Treatment with a minor often progresses best when the child can be assured of confidentiality. I may discuss the treatment progress of a minor client with the parent or guardians, but preferably not details that would decrease trust between the minor and therapist.

By signing this form as a parent or caretaker, you are acknowledging that you consent to a confidential relationship between your minor child and myself. Therefore you are agreeing not to request access to my records regarding this minor child.

