

**MARTHA SIMPSON, LMFT, CSAT, CPTT**  
Licensed Marriage and Family Therapist  
LIC. # 53490  
**DBA MARTY SIMPSON, LMFT PSYCHOTHERAPY SERVICES**  
22221 Kittridge Street, Woodland Hills, CA 91303  
310-740-5442 text & voice  
Marty@MartySimpsonMFT.com

## **AGREEMENT FOR SERVICE / INFORMED CONSENT**

This Agreement is intended to provide \_\_\_\_\_ (herein “Patient”) with important information regarding the practices, polices and procedures of Martha Simpson, LMFT, CSAT (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

### **Therapist Background and Qualifications**

Therapist has a Master’s Degree in Clinical Psychology and has been practicing since 2009, working mostly with adults struggling with addiction, depression, anxiety, relationship issues and Post Traumatic Stress Disorder. She is a **Licensed Marriage and Family Therapist**.

Therapist is also a **Certified Sex Addiction Therapist (CSAT.)** This certification was begun in 2011 and issued by International Institute of Trauma and Addiction Professionals (IITAP) in 2013 following 144 hours of specialized training and 18 months of supervised clinical work in the specialization and biannual renewal including 30 hours of continuing education with each renewal. Therapist worked at Sexual Recovery Institute, Los Angeles for 4 years teaching in the nation’s premiere 2-week intensive outpatient program for sex addicts and treated hundreds of addicts, partners and couples in recovery.

Therapist is a **Certified Partner Trauma Therapist (CPTT)** Candidate having completed 40 hours of specialized training in the treatment of partners of Sex Addicts by International Institute of Trauma and Addiction Professionals (IITAP).

Therapist was also a **Certified Daring Way® Facilitator**. This certification was issued by The Daring Way® (Brené Brown, PhD) in 2014 following 25 hours of specialized instruction and 20 hours of supervision.

Therapist is fully trained in **Eye Movement Desensitization and Reprocessing (EMDR)** by the EMDR Institute and is qualified to conduct client sessions utilizing a trauma processing protocol approved by the United States Department of Defense, The American Psychological Association, and the U.S. Department of Veteran's Affairs among many other international agencies and nation states. EMDR has more empirical research studies that indicate its efficacy in the processing of trauma than any other modality of trauma treatment. Therapist has additional training in Attachment Focused EMDR taught by Laurel Parnell.

Therapist has completed training offered by **The Association of Partners of Sex Addicts Trauma Specialists (APSATS)**, Barbara Steffens, PhD, et al). This training included approximately 30 hours of specialized instruction and supervision with Dr. Steffens.

Therapist has completed level 2 of **The Psychobiological Approach to Couple's Therapy (PACT)**, Stan Tatkin, PhD). This specialized Couple's Therapy training included approximately 80 hours of specialized training by Dr. Tatkin and others and 20 hours of webinar instruction. As part of the PACT modality of Couple's Therapy, video tape is used as an instructive feedback tool. Your agreement to be seen by therapist includes your agreement to be recorded on video-tape for use in therapy. Videos of couple's sessions will not be shown outside couples therapy with the possible exception of supervision with Stan Tatkin. No videos will ever be shown in public nor released to others without both clients' explicit permission.

Therapist has completed level 1 of **Relational Life Therapy (RLT)** created by Terry Real, LCSW. RLT is a form of couples counseling that aims to help partners resolve conflicts, develop personal accountability, improve communication, and foster intimacy within their relationship.

Therapist has completed 2 years **Sensorimotor Psychotherapy®** (SP) training including 23 intensive weekends, about 400 hours. Therapist has also assisted the level 2 training (an additional 10 weekends, 160 hours). SP, created by Pat Ogden, PhD draws from somatic therapies, neuroscience, attachment theory, and cognitive approaches, as well as from The Hakomi Method utilizing somatic awareness and body movements to provide competency and empowerment in processing trauma.

Therapist has completed Phases 1, 2 and 3 (3 intensive weekends involving about 72 hours) of training in **Brainspotting** created by David Grand, PhD.

Brainspotting locates points in the client's visual field that help to access unprocessed trauma in the subcortical brain. Brainspotting (BSP) was discovered in 2003 by David Grand, Ph.D. Dr. Grand discovered that "Where you look affects how you feel." Brain activity, especially in the subcortical brain organizes itself around that eye position. Brainspotting uses eye position as an access point to reach even non-verbal trauma and anxiety.

Therapist is an **IASIS Certified Provider** (ICP) fully trained to use the IASIS Microcurrent Neurofeedback Technology. Therapist attended at 20-hour training to acquire skills needed to be an ICP. Micro Current Neurofeedback produces a measurable change in the brainwaves without conscious effort from the individual receiving the feedback. The result is a changed brainwave state and much greater ability for the brain and nervous system to regulate itself. Micro Current Neurofeedback is imperceptible to the client, and requires no conscious effort.

Therapist is a trauma, sex addiction, and relationship specialist. Her theoretical orientation can be described as an eclectic mix of Psychodynamic, Attachment, CBT, Somatic, and Gestalt treatment modalities and utilizes Mindfulness, Voice Dialogue, Internal Family Systems, PACT, EMDR, Brainspotting, Sensorimotor Psychotherapy, Neurofeedback, Non-Violent Communication, Relational Life Therapy, Gottman, Imago and Emotionally Focused Therapy techniques among others.

## **Risks and Benefits of Therapy**

Psychotherapy is a process in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive

change so Patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist

will not reveal any personally identifying information regarding Patient unless Patient has signed a release of protected information.

### **Court-related Services**

Therapist is not a forensic therapist and reserves the right not to participate in legal proceedings, nor offer her opinion to any court of law in the form of a letter, consultation, appearance or telephone testimony for the court. If asked to do so, therapist will consider, on a case-by-case basis, whether she can adequately participate in court-related services. If therapist chooses to participate in writing, consultation, or appearances for any legal purpose of any kind, the fee for such services is \$550 per hour including writing, consulting, appearance travel and wait time.

### **Records and Record Keeping**

Therapist takes notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any patient. Should Patient request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Patient's records for ten years following termination of therapy. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

### **Confidentiality**

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where

required or permitted by law. Administrative staff employed by therapist are bound by a non-disclosure contract. Staff will have limited access to patient charts, will be supervised and advised by therapist, and will also hold personal health information in strict confidence according to the same guidelines as therapist. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, viewing images of children engaged in sexually explicit acts (child pornography), when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

### **Patient Litigation**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of \$250 per hour.

### **Psychotherapist-Patient Privilege**

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by Patient or Patient's representative.

Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

### **Fee and Fee Arrangements**

The agreed upon fee for therapist's services is \$250 for one clinical hour (a 50 min session) prorated according to this fee for longer sessions (ex; \$375 for 1.5 clinical hours, an 80 min. session, \$500 for 2 clinical hours, a 110 min. session). The fee for group therapy is \$80. The length of each group session varies depending on how many group members are present. Therapist reserves the right to periodically adjust fee. Patient will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payors, or by agreement with Therapist.

From time-to-time, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Patient is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Patient's request and with Patient's advance written authorization. Patient is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

Patients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards, including Visa, American Express, and Mastercard.

### **Insurance**

Patient is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payor. Patient is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles

Therapist is not a contracted provider with any insurance company, managed care organization. Should Patient choose to use his/her insurance, Therapist will provide Patient with a super bill statement, which Patient can submit to the third-party of his/her choice to seek reimbursement of fees already paid. Super bills are emailed monthly by the 15<sup>th</sup> of the month for the previous month's services.

### **Cancellation Policy**

Patient is responsible for payment of the agreed upon fee for any missed session(s) cancelled within 48 hours of confirmed appointment time. Patient is also responsible for payment of the agreed upon fee for any session(s) for which Patient failed to give Therapist at least 48 hours notice of cancellation. **Cancellation notice can be made on therapist's scheduling application using the confirmation email if made prior to 48 hours before appointment time. Cancellations for regular weekly appointments must be left via email only at [Marty@MartySimpsonMFT.com](mailto:Marty@MartySimpsonMFT.com).**

### **Therapist Availability**

Therapist's office is equipped with a confidential voice mail system that allows Patient to leave a message at any time. Therapist will make every effort to return calls by the end of the next business day, but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, please call 911, or go to the nearest emergency room and text therapist once you are stable. Texting is a good way to reach therapist for non-emergency issues.

### **Termination of Therapy**

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate



in therapy, moving out of state, patient needs outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy.

Patient has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient.

**Please sign the following page in two places.**

CONTINUED ON NEXT PAGE FOR SIGNATURE

**Acknowledgement**

By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient’s satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patient agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

\_\_\_\_\_  
Name of Financially Responsible Party (please print)

\_\_\_\_\_  
Signature of Financially Responsible Party

\_\_\_\_\_  
Date

\*\*\*\*\*

\_\_\_\_\_  
Name of Therapist (please print)

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date