

Counseling Agreement and Informed Consent

Dear new client,

I look forward to working with you. Before we do so, it is important for you to understand my policies and procedures. Please read these sections carefully, bringing in any questions, concerns or comments about the information outlined below. After you and I have reviewed this agreement, we will each sign it.

My Qualifications

I am a Licensed Marriage and Family Therapist #49267. I received a Bachelor's degree in Psychology from CSU Sacramento and a Masters degree in Counseling Psychology from University of San Francisco. I have been providing therapy to the Tri-Valley since 2006.

Confidentiality

Adults: Everything that we talk about in our sessions will be held confidential and privileged. No one will know the content of our counseling sessions unless you tell them or sign a release of information allowing me to disclose specific information.

Exceptions: I may need to break confidentiality if you are going to hurt yourself (contemplating suicide) or someone else is in danger (homicide, child abuse, dependent adult or elder abuse). In these cases, I am required by law to contact public authorities, professionals or other affected persons. These may include your family or friends if your life is threatened or others whose life is being threatened. I will act discreetly and wisely on your behalf, should any of these circumstances arise. The intent of my actions will always be to serve in your best interest.

Children and Teenagers: My first responsibility is to honor our confidential relationship; we need to trust each other. Therefore, specific information will not be shared with your parents or others, unless you give me specific permission to do so. I may however, share generalities with your parents and offer helpful guidance to your parents and other supportive persons.

Exceptions: To protect you and help both you and your family to address and change destructive behavior, I am responsible to reporting to the appropriate agencies in the following events:

Sexual activities if you are under the age of 14

Abuse: physical, sexual, emotional, psychological and neglect

Potential for suicide

Potential for homicide

Should the need to report arise, I will try my best to discuss it with you at the time, as I feel that honesty is crucial to our work together.

Professional Development

I am dedicated to professional development through ongoing training and consultation. I occasionally meet with a small group of colleagues to discuss cases. All identifying information will be withheld.

Communication

Communication by telephone will be important to the both of us. You can reach me on me at **(925) 337-4810**. I will do my best to return calls within 24 hours. I ask that you please be respectful of my personal time and limit phone calls to 15 minutes or less. If a phone call continues beyond 15 minutes, I will offer two options:

1. We continue the conversation & prorate the time on the phone at your normal session fee.
2. We end the conversation and continue it during our next session.

Crisis

If you are experiencing a crisis, give me a call ANYTIME, if you reach my voicemail please leave me a message and I will return your call as soon as possible. If you are experiencing a life threatening emergency or crisis, call 911 immediately, go to the nearest emergency room and/or call the Alameda County Crisis Line at 1-800-309-2131 or the National Suicide Prevention Line at 1-800-273-8255. During a crisis, I will do my best to see you in person as soon as possible. Due to my limited office hours, we may need to set up a phone appointment. Phone appointments will be based on the same hourly rate as an in-office session.

Vacation Time

When I am on vacation, I will let you know well in advance as well as leaving a message on my voicemail. I will leave the name and number of a qualified colleague to assist you if needed during my leave. If you are in crisis prior to my leave, I will bring my back-up to speed regarding your case (with your permission of course) and give you their contact info.

I ask that you keep me in mind when you make vacation plans as well, letting me know the dates you will be gone well in advance, so I can plan accordingly.

Appointments

Therapy sessions last 50 minutes. The remaining 10 minutes of the hour allow me to return phone calls and write case notes. Should you need more than 50 minutes, please let me know in advance and I will do my best to accommodate you. Sessions that run over 50 minutes will be prorated on top your normal session fee. I would like you to value each moment of our work together and be present for the full appointment, so please arrive promptly. Fees will be charged for the full 50 minutes even if you are late. Appointments are often scheduled back-to-back and there will not usually be an opportunity to make up for lost time. If I ever run late or run over from a previous session you will be entitled to have your full session unless we make other arrangements. If I am unable to make up that time, your session will be prorated accordingly.

Cancellation Policy

Your appointment time is reserved just for you. I hold your spot and do not schedule another client in that slot until I am given notice. If you wish to cancel an appointment, you will need to make these arrangements **48 hours in advance**; otherwise you will be charged the full fee. When you are considerate regarding cancellations, I can schedule others who are waiting for an appointment or make different plans for my time. It is thereby important to me that you call and cancel or change the appointment within the above timeframe. Please be considerate in this matter. I would prefer not to charge you for an unused appointment. If you are canceling or changing an appointment, please call me at (925) 337-4810.

I do understand that emergencies and illnesses come up. I will do my best to accommodate these emergencies, being as flexible as I can; however, I still incur my normal expenses whether you show up or not. Should you cancel less than 48 hours, scheduling an appointment later in the week (when available) and keep that later appointment, you will not be charged for the missed appointment. I will try my best to avoid charging for any unused appointments.

No Show/Late

If you are late by more than 20 minutes and have not called my cell phone to let me know that you are coming, I will consider you a “no show” and you will be charged for the appointment. At that point I may leave my office. If you are running late, please let me know and I will wait until you get there.

24-Hour Clean and Sober Policy

I ask that you come to sessions at least 24 hours clean and sober. This is to ensure that our work can be accomplished with a clear mind. If you come to a session under the influence, I reserve the right to end the session and charge for that appointment.

Children and Your Counseling Time

Your counseling session is your own special time; a period when you can concentrate on personal issues without any interruption. I request that children do not accompany you to counseling sessions unless they are specifically included in your scheduled sessions. I do understand that emergencies come up and you may choose to bring your child with you to a session other than miss it. It is then important to be considerate around the issues discussed with children in the room.

Outside of Session – Honoring your confidentiality

It is can be common for a therapist to encounter their clients in public settings (i.e. store, gym, etc.). In these cases do not be offended if I do not acknowledge or greet you, as that it would be unethical and I would be breaking your confidentiality. If you choose to greet me, however, I will be cordial in return. Please note that if a family member is with me, they will most likely walk away in order to respect your privacy.

Statement of Intent

It is my intent to facilitate the growth and development of you and your family (if present) to the very best of my ability. Further, I want you to feel completely satisfied with the services that I offer. Therapy requires that our relationship offers you a safe, respectful, trustworthy place to explore your concerns. If you are unhappy with any aspect of therapy or our relationship I encourage you to let me know.

Process and Termination

Every therapy session is unique and caters to each individual and their specific goals. Therapy can be short-term, focusing on a specific issue, or longer-term, addressing more complex issues or ongoing personal growth. There may be times when you are asked to take certain actions outside of the therapy sessions. For therapy to be most effective you must be an active participant, both during and between the sessions. Sometimes clients seek counseling in times of crisis and then stop abruptly when everything calms down and the problem feels “fixed”. The real “work” in counseling is not done during crisis intervention. During that time, the main focus is on stabilization. Most termination work is done over the course of a few sessions. I request that you let me know when you feel as though our work is getting close to an end versus stopping abruptly or continually canceling and rescheduling.

Saying goodbye is hard for most people. I ask that we work together on ending our relationship in a healthy and respectful manner. This would include a termination process where we discuss the progress and gains made in counseling, how to continue with them and establish resources for the future. A goodbye session(s) is especially important for children as they often wonder what happened when pulled from counseling abruptly. Regardless of age, everyone benefits from having a good goodbye.

I value this opportunity and I look forward to starting this journey with you.

CLIENT AND THERAPIST SIGNATURES - PLEASE SIGN BELOW

I have received a copy of the informed consent. I realize it is my responsibility to read all the way through the consent and bring up any questions or concerns with my therapist during our session. By signing receipt of this document, I am responsible for knowing the facts of these disclosures.

Client Signature (Parent or Individual) Date

Client Signature (Parent or Individual) Date

Minor Client Signature Date

Therapist Signature Date

Consent to treat a minor: for the legally responsible adult who is providing consent for minor to receive therapy:

As the parent or legal guardian of _____, my signature below indicates my consent for Teri Sorkin, MFT, to provide them counseling services

Parent/Legal Guardian Signature Date