

Peter Carpentieri

Licensed Marriage and Family Therapist #50493

510-463-1150

Client Informed Consent

This Agreement is intended to provide you, _____ with important information regarding my practices, policies and procedures as a Licensed Marriage and Family Therapist, and to clarify some things about the therapeutic process and relationship. Please discuss any questions or concerns regarding the contents of this Agreement before you agree to it.

Confidentiality

I regard the information you share with me with the greatest respect and privacy. I will maintain the confidentiality and privacy of your therapy and my records, as it is a privilege of yours and is protected by law and professional ethics in all but a few situations. These situations include, but are not limited to: reporting child, elder and dependent adult abuse learned of during the course of therapy; the production or distribution of child pornography; a client making a serious threat of violence towards a reasonably identifiable victim; a client posing a clear and present danger to themselves or the person or property of another; consultation with other health care professionals or service providers for the purpose of furthering the client's therapy; compliance with the Patriot Act; or a court of law ordering the release of confidential records. In all other circumstances, I will maintain confidentiality unless you give me expressed written permission to do otherwise. It is important to understand that once information leaves my office I have no control over what happens with it. Please also note that **email and text are not reliably confidential modes of communication.** Please restrict the use of these mediums to scheduling and other administrative matters and I will do the same; and be aware that even the presence of a text or email from me, or having my contact information in your device, may be an indication that you are a client of mine. **I will fully delete all texts and emails from you regularly and encourage you to do the same.** In-person, secure teleconference, voice-to-voice phone, and voicemail are the safest and most confidential means of communicating with one another.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate

professionals. During such consultations, I will not reveal any personally identifying information about you.

Availability and Emergencies

I am unable to provide 24-hour crisis service and generally do not check messages or return calls or emails between noon on Friday and 9am on Monday, or on holidays. My confidential voice mail system is available 24 hours a day and 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. If you want to be sure I receive your message as soon as possible, please call rather than email. I check voice mail messages far more frequently than email messages and am much more likely to receive them when they arrive. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, please call **911**, the National Suicide Prevention Hotline at **(800) 273-8255**, or the Alameda County Crisis Hotline at **(800) 809-2131**, or go to the nearest Emergency Room. You may leave me a voicemail if you like regarding the nature of your situation and I will return your call as soon as I can.

Cancellation Policy

I have a 36-hour cancellation policy. You are responsible for payment of the agreed upon fee for any missed sessions or any sessions for which you do not give me at least 36 hours notice of cancellation. Payment for these sessions will be required before the next scheduled session unless other arrangements have been made. **Please leave notice of any cancellations on my voice mail at 510-463-1150.**

Fee and Fee Arrangements

For reasons that benefit us both, I require payment for services before or at the beginning of each session. This includes Zelle and other remote payments. My usual and customary fee for service is **\$225 per 45-50 minute session**, and I usually increase my fee \$5-\$10 each year. Letter or report writing, court-related appearances, necessary collateral calls and meetings, and the like are also billed at this rate, prorated if necessary. I prefer Zelle for payment (peterc.mft@gmail.com) and also accept personal checks, PayPal, ([paypal.me/petercarp](https://www.paypal.me/petercarp) or via PayPal at peterc.mft@gmail.com) credit cards, cash, and cash equivalents. I prefer checks for in-person visits, made out in advance of the start of the session.

If we have made a different arrangement, our agreed upon fee for service for this psychotherapy agreement is _____ per 45-50 minute session, payable before or at the beginning of each session. Otherwise the fee will be \$225. If a different arrangement has been made, we will review the fee if your financial situation changes.

Therapy via telehealth, videoconference and phone

Telehealth is the delivery of health care services, including psychotherapy, via telephone, internet, or other electronic means. If you are located outside the state of CA at the time service is required, I will not be able to provide a psychotherapy session at that time, unless prior arrangements have been made, or you are in the midst of a crisis for which I believe my temporary services are needed.

It is important to note that psychotherapy via telehealth, is not always reliable due to the precarious nature of internet, phone and other connections, the possible breakdown or malfunction of equipment involved, and the possibility of unforeseen disruptions or distractions on either end of the line. If a session is disrupted for any reason, I will make every reasonable effort to contact you to resume the session as soon as possible and you may make every reasonable effort to reach me. If a crisis is involved, please call **911**, **800-309-2131** or **800-273-8255**, or go to the nearest Emergency Room.

When using telehealth, the information either of us shares cannot be guaranteed to be confidential, as it would be sitting in an office setting. This is due to phone lines and internet connections being vulnerable to access by outside sources. There can be no full guarantee of confidentiality when receiving therapy via telehealth. I will make every reasonable effort to provide for privacy and security with the platforms and devices I use. Please ensure your own privacy, to the degree that you require it, at the location from which you are receiving services. Also psychotherapy via telehealth may not be as effective as in-person psychotherapy, though research to date indicates that it can be.

Risks and Benefits of Therapy

Psychotherapy is a process during which we may address a number of issues, events, or experiences, some of which may be difficult, painful or uncomfortable for you to look at. It is also an opportunity for you to better and more deeply understand yourself and any problems or difficulties you may be having. It is a joint effort and its progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Your full participation will help.

Participating in therapy may result in a number of benefits for you, including, but not limited to, increased joy, creativity and resourcefulness, deeper insight, improved interpersonal relationships, increased ease in social, work, and family settings, increased capacity for intimacy, increased self-confidence, reduced stress and anxiety and a decrease in negative thoughts and self-sabotaging behaviors. There is no guarantee that therapy will yield any or all of these benefits and you may find, during the therapeutic process, that you feel worse at times before you feel better. This is generally a normal course of events. You are encouraged to monitor your satisfaction with the therapeutic process, take care of yourself between sessions, (I may offer some suggestions regarding how to do this), and address with me any concerns you have regarding the therapy. Please note that therapy may also result in changes in your personal life or relationships. Please be aware that any decisions you make regarding changes in your personal life are your responsibility. I will not be offering you advice or recommendations in matters of this sort but will do my best to help you determine what is best for you.

Grievance Procedure

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. **You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.**

By signing below, I acknowledge I have read this agreement for services, have had all of my questions and concerns addressed, understand its contents, and agree to these policies and procedures. I am aware that I may stop receiving sessions at any time should I feel it is no longer serving my needs, and that it may be in my best interest to have one or more conversations with you about this before I stop therapy. I also understand that you in turn may also terminate therapy, for reasons which may include, but are not limited to: my needs being outside your scope of competence or practice, conflicts of interest, untimely payment of fees, or therapy failing to provide me with what I need. I understand that you will do your best to provide me with appropriate referrals to other professionals, should I so need or desire.

Client Name (please print)

Client Signature (or authorized representative)

Date