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Disclosure Statement & Agreement For Services

Introduction

This document is intended to provide important information to you regarding your treatment. Psychotherapy is a powerful means of making changes that can lead to a life which is more satisfying, productive and meaningful. Psychotherapy is also a difficult process. To get the most out of it, you must understand about the process, have realistic expectations about what the process can do, and understand the respective roles each has in making this process work. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information About Your Therapist

It is important for you to understand that your therapist is licensed by the California Board of Behavioral Sciences as a Marriage & Family Therapist (MFC # 44402). More specifically, Marriage and Family Therapists (MFTs) are relationship specialists who treat persons involved in interpersonal relationships. We are trained to assess, diagnose and treat individuals, couples, families and groups to achieve more adequate, satisfying and productive marriage, family and social adjustment. The practice also includes premarital counseling, child counseling, divorce or separation counseling and other relationship counseling. Marriage and Family Therapists are psychotherapists and healing arts practitioners licensed by the State of California.

As a practitioner in this field, I have had extensive training in working with children, adolescents, adults & families suffering from a variety of emotional and behavioral difficulties. The treatment modalities I utilize are eclectic in nature and are tailored to the individual as well as developmental needs of each client.

The Therapeutic Relationship

Therapy cannot magically change your life. The relationship between the therapist and the client is the single most important factor to determine the success of treatment. Feeling comfortable with the therapist provides you with an opportunity to trust the therapist's abilities and allows you to get the most out of treatment. As a client you are invited to question and clarify the nature of the therapeutic relationship as necessary. If you have never been in therapy before, you may feel some initial discomfort about what happens during the course of the therapy hour. Feel free to ask any questions about the therapeutic process, the course of treatment or any other question pertaining to the process of psychotherapy.

Course of Treatment

After a thorough assessment of your needs and the environment in which difficulties may occur, a treatment plan will be established. The therapist and client will have an opportunity to collaborate in creating a treatment plan. As a client, offering your views and feedback empowers you to have an active role in your treatment. It is important for you to understand that developing an adequate treatment plan may take several sessions and will depend on the diverse needs of each client. The treatment plan will be revised as needed to meet your therapeutic needs. Psychotherapy requires your active involvement in order to change the thoughts, feelings and/or behaviors that may be contributing to the problems that are bringing you to therapy. If at any time you feel uncomfortable about your treatment plan and/or the interventions used during therapy, you are encouraged to discuss this with your therapist.

If you haven't had a recent physical evaluation by your physician, it would be important to do so. There are a variety of medical problems that can profoundly effect your emotions and behavior. In establishing an appropriate treatment plan, it is helpful to rule out any medical conditions that may be impacting your behavior.

Risks of Therapy

Change involves risk. When changing something as complex as a human being tangled in an intricate web of relationships, there may be unexpected and, sometimes, negative consequences including: not getting better right away, having to deal with fears and anxieties, and the possibility of a temporary regression. Additionally, as you begin to change, your relationships will change. Significant others may not respond positively to these changes. Sometimes, in successful psychotherapy, you may begin to feel worse for a time before feeling better. This tends to happen as you begin to confront the issues that might have been avoided for so long.

Understandably, this is not an easy or pleasant task, but confronting these issues is worth the effort. You can work towards resolving the pain and the behaviors caused by these issues. There is no absolute guarantee that any particular psychological treatment will be successful. It is important to be aware of such risks, as they will promote your understanding and realistic expectations of your therapy.

Limits of Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. **However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had, when working with other members of your family. Please feel free to ask about this “no secrets” policy and how it may apply to you.

Communications between a therapist and client are considered "privileged," which means that the content may not be revealed to anyone else without the consent of the holder of the privilege, which is you: the client. However, there are several important limitations on that privilege including:

1. I am required by law to report any incident of suspected child abuse including: physical, sexual, emotional abuse or neglect to authorities.
2. I am required by law to report any incident of suspected elder or dependent adult abuse including: physical abuse, sexual abuse, emotional abuse, fiduciary abuse, abandonment, isolation, or neglect.
3. You intend to commit suicide, in which case I have an ethical and legal responsibility to intervene and protect from harm. Such interventions may include: soliciting support from significant others, requesting psychiatric evaluation from a county designated team, and or hospitalization as necessary.
4. You intend to commit homicide, in which case I am required by law to notify the authorities and any potential victims.
5. You sign an authorization waiving your rights to confidentiality.
6. The Courts order you for an evaluation, in which case I am required to furnish the Courts with information.
7. Your therapist is subpoenaed in a court proceeding, in which case I may be obliged to surrender clinical case notes. Should this issue arise; the client will be notified prior to the therapist taking any action in responding to the subpoena.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic.

Records/Record Keeping

The therapist may take notes during sessions and will also produce other notes/records regarding the client's treatment. These notes constitute the therapist's clinical and business records, which by law, the therapist is required to maintain. Such records are the sole property of the therapist. Should a client request records, the therapist must receive this request in writing. The therapist serves the right, under California law, to provide a summary in lieu of actual records. The therapist also reserves the right to refuse to produce a copy of the records

under certain circumstances, but may, as requested provide a copy of the records to another treating health care provider. Therapists will maintain records for 10 years following termination of therapy. Records of minors will be maintained for 10 years following their 21st birthday. Client records will be destroyed in a manner that preserves client confidentiality.

Financial Arrangements

By entering into therapy, we have begun a professional relationship that has financial implications. I want to take this opportunity to talk about the financial aspects of our relationship. I am offering my services as a therapist to you on a value-for-value basis. I agree to treat your psychological problems to the best of my professional ability, and in return you agree to pay my fees, and to cooperate with treatment, pending informed consent. The following is a guideline for the financial arrangement you are consenting to:

- The fee for service is **\$ 150.00** for the intake/initial client session. The intake session is approximately 1 hour & 30 minutes in length.
- The fee for service is **\$ 120.00** per therapy session. Therapy hour is approximately 50 minutes in length. Please note that the therapy hour may also be shortened, should there be a minor whose needs require an abbreviated session length (in which case, the fee may also be reduced)
- The fee for service for telephone contacts/consultations lasting 15 minutes or more is **\$ 30.00**

Fees are payable at the time that services are rendered. Occasionally, my hourly fees must be raised to cover increased expenses. I will give you sufficient notice prior to any increase. You may pay by check or cash. Please be advised that there will be a \$25 charge for every check returned or resubmitted. Should payments become delinquent; the therapist will make every effort to collect fees from the client prior to notifying a collections agency. Please note that in such a case, the content of therapy will remain confidential.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs. in advance of your appointment. If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for the full payment for the missed session.

Therapist Availability/Emergencies

You may leave a message at any time on my confidential voicemail. 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. Nonurgent phone calls are returned during normal 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 by the voicemail. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

When I go out of town, I will make arrangements with another therapist to take emergency calls for me. I take precautions to entrust my clients into the care of extremely competent therapists. If an emergency arises during my absence, you may reach the covering therapist by telephoning the contact number you are accustomed to using for me at any time. Follow the instructions provided on the voice mail. Every effort will be made to return your call as soon as possible; however, if your emergency message is not returned in a timely manner, dial 911 to access emergency services should this be necessary.

Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

Please check contact options:

- ____ My therapist may call me at my home. My home phone number is: () _____
- ____ My therapist may call me on my cell phone. My cell phone number is: () _____
- ____ My therapist may call me at work. My work phone number is: () _____
- ____ My therapist may send mail to me at my home address. _____
- ____ My therapist may send mail to me at my work address. _____
- ____ My therapist may communicate with me by email. My email address is: _____
- ____ My therapist may send a fax to me. My fax number is: () _____

About the Therapy Process

It is your therapist’s intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. The therapeutic relationship is collaborative in nature, thus allowing you to make decisions with your therapist on your treatment. You have the right to agree or disagree with your therapist’s recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Acknowledgment

By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of this agreement. In addition, the client has discussed such terms and conditions with the therapist, and has had any questions with regard to its terms and conditions answered to the client’s satisfaction. Consent to this document indicates the client is willing to participate in psychotherapy with this therapist.

Printed name of client

Signature of client

Date

Printed name of parent(s)/guardian(s) responsible for minor

Signature of parent(s)/guardian(s) responsible for minor

Date