



well baby center®

12316 Venice Blvd, Mar Vista, CA 90066
310.402.2229

Consent for Individual, Couples and Family Treatment

Please read carefully.

1. About the Therapy Process

It is the therapist's intention to provide services that will assist the client in reaching his/her goals. Based upon the information that the client provides to his or her therapist and the specifics of the client's situation, the therapist will provide recommendations to the client regarding treatment. Therapists and clients are partners in the therapeutic process. The client has the right to agree or disagree with the therapist's recommendations. Due to the varying nature and severity of problems and the individuality of each client, the therapist is unable to predict the exact length of therapy or to guarantee a specific outcome or result.

2. Information about your Therapist

WBC is a training center for Masters or Doctoral level counseling and psychology interns, practicum students and paraprofessionals. All therapists are under the direct supervision of David Schreiber. The intern/student may consult with other licensed mental health professionals within the clinic for the purpose of supervision/education. Consultation is intended to ensure that the client receives the highest quality treatment. Finally, there may be circumstances in which the intern/student needs to consult with other professionals, such as the client's physician, regarding the client's care. In such cases, the intern/student will request the client's written permission to do so. In order to ensure that the intern/student receives the best training and that clients are well served, some sessions will be audio taped or viewed through a one-way looking glass window. Audiotapes are used in supervision by David Schreiber and interns/students for clinical supervision only and are erased in a timely manner. There will be advance notice of a taping or viewing and it will be with your full and complete awareness. You must agree to have your session audio taped or viewed in order to receive services at WBC. The intern who is assigned to you is on a time-limited contractual basis with WBC. Therefore, it is possible that the intern may leave WBC prior to the end of therapy.

3. Confidentiality

California law strictly guarantees the client's right to a confidential relationship with his/her therapist. The therapist is legally prohibited from revealing to another person that the client is in therapy with them, nor can the therapist reveal what the client has said in any way that identifies the client without the client's written permission. There are some instances however, in which the client's right to confidentiality must be set aside as required by law or professional guidelines. These include the following:

- Instances of suspected abuse or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services agency.
- If the therapist has reason to believe that the client poses an imminent danger of violence to another person, the therapist must take steps to protect whoever may be in danger.
- Finally, if the client reveals a serious intent to harm him/herself, or if the client becomes unable to care for him/herself such that the client becomes a danger to him/herself, the therapist is ethically bound to do what he/she can to help keep the client safe, which may involve notifying others who may be of help. In all of the above cases, the therapist would release only that information necessary to appropriately carry out his/her responsibilities. Client confidentiality remains an ethical priority.
- Individual, Couples or Family Therapy Confidentiality. If the client participates in Couples, Individual or Family sessions, the therapist will not disclose confidential information about the treatment to external parties unless all persons who participated in the treatment provide their written authorization to release such information. However, it is important that the client knows that Well Baby Center therapists utilize a



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“no secrets” policy when conducting Individual/Couples/Family therapy. This means that if the client participates in Individual, Couples and/or Family therapy, the therapist is permitted to use information obtained in any related, concurrent individual session(s) that the client may have with him/her, when working with other members of the Individual/Couples/Family treatment.

In the event of a medical emergency or an emergency involving a threat to the client’s safety or the safety of others, please call 911 to request emergency assistance.

4. Client Litigation

The therapist will not voluntarily participate in any litigation or custody dispute in which a client and another individual, or entity, are parties. The therapist has a policy of not communicating with a client’s attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a client’s legal matter. The therapist will generally not provide records or testimony unless legally compelled to do so. Should this therapist be subpoenaed, or ordered by the court of law to appear as a witness in an action involving a client, the client agrees to reimburse the therapist for any time spent for preparation, travel, or other time in which the therapist has made him/herself available for such an appearance. **Expert witness or therapy involvement by a treating therapist in a court setting will ultimately be billed to the client at the \$125/hour expert fee.** Clients should be aware that the therapist might be waiving the psychotherapist-client privilege if the client’s mental or emotional state is an issue in a legal proceeding. The client should address any concerns he/she might have regarding the psychotherapist-client privilege with their attorney.

5. Fees and Appointments

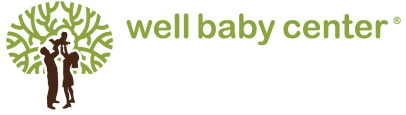
Sessions take place once a week, unless otherwise arranged. If you are unable to attend your session, please contact your therapist to inform them of your absence as soon as possible. During your initial appointment you will be assigned a fee for your weekly session. WBC asks that you pay for your session at the beginning of each visit. WBC reserves the right to suspend therapy for service rendered and not paid for after three sessions. Uncollected fees for three or more sessions may result in an interruption in therapy until the balance is paid in full. Any longstanding unpaid balances may be referred to a collection agency. If this should become necessary, the client will be notified in writing beforehand. There will be a \$14 service fee for any returned checks. There will be a charge for telephone calls over 10 minutes in duration. The fee will be pro-rated according to the client’s usual hourly fee.

5. Cancellation Policy

Your appointment time is reserved for you. You are required to pay for your sessions unless there is a 24-hour notice provided to WBC.

6. Client Rights and Responsibilities

In addition to a client’s right to confidentiality, a client has the right to end therapy at any time, for whatever reason, without any obligation except for fees already incurred. Clients also have the right to question any aspect of their treatment with their therapist, and if they choose to end treatment, to expect that their therapist will work with them to meet their needs for adjunctive or alternative treatment. Clients also have the right to expect that their therapist will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with them, all of which would greatly compromise the client and therapist’s work together.



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Acknowledgement

By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. The client has discussed the terms and conditions of this Agreement with the therapist, and has had any questions with regard to its terms and conditions answered to the client's satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with the therapist. In addition, the client agrees to hold the 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.

Therapy involves a partnership between therapist and client. Your therapist will contribute knowledge, skills, and a willingness to do his/her best. The determination of success, however, will ultimately depend upon the client's commitment to his/her own personal growth and care.

Print Name of Client #1

Print Name of Client #2

Signature of Client #1

Signature of Client #2

Date

Date

This is to certify that I give permission to Well Baby Center (WBC) for my family or child's participation in therapy. The names of the family member in therapy are outlined below; additional children may be listed on the bottom of this page.

Name of Child: _____

DOB: _____

Age: _____

Name of Child: _____

DOB: _____

Age: _____

Name of Child: _____

DOB: _____

Age: _____

Mother's/Legal Guardian's Name: _____

DOB: _____

Age: _____

Father's/Legal Guardian's Name: _____

DOB: _____

Age: _____