



Informed Consent

Your signature at the bottom of these pages means that you understand and agree to the following terms of treatment:

What Counseling Involves: Counseling is a collaborative process between therapist and client(s) who work together on mutually agreed upon goals. Participation in counseling is and must be voluntary, as it is only effective when both client(s) and therapist are actively striving together for the patient's growth and happiness. The time-frame for treatment and therapy goals will be established together between client(s) and therapist during the first month of counseling. So, you will know exactly what to expect and what we are doing together. It is important to realize that participation in therapy can involve discussing things that may sometimes upset you. That is a necessary part of the process, and will be kept to a minimum as much as is possible, with a focus on your strengths and growth being primary. My ultimate goal in providing treatment is to help you achieve enhanced happiness and satisfaction with life.

Who participates in counseling: Family counseling is designed to help clients personally and in their relationships. When minors are involved, parent(s) or guardian(s) may be asked to participate in the counseling process with their child(ren) as needed- and at the therapist's discretion. Some presenting issues may also require the participation of other family members or close relations.

FEES: Initial session: \$150.00- this session will generally last 60 minutes and includes initial phone calls, texts, emails and Self-Assessment Form review and diagnostics; Subsequent sessions: \$100.00 for a 60-minute session. Contacts that go over 30 minutes are charged at \$50 per half hour. Cash, personal checks, credit or debit cards, Zelle, Venmo and PayPal and HSA cards are accepted for payment. Sliding fee schedule can be made available, in some cases, based upon financial need. Referrals are also available to non-profit agencies in the community, if needed. You can pay for sessions in advance through the website's Payment page feature at www.kristinscomfycouch.com, once you have signed the electronic communications disclosure.

Payment is expected at the time of service and will be collected at the beginning of each session. Any check that is returned for insufficient funds will be assessed a \$25 fee.

Insurance Policy: I do not participate in any insurance panels. This enables you and I to steer the direction of your treatment together- without outside input from an uninvolved 3rd party. It encourages you to value your therapy as an investment in yourself. It enables me to keep my rates reasonable and affordable. It keeps your diagnosis and treatment records confidential. If you have a PPO insurance plan, they may cover psychotherapy from an out of network provider. I am happy to provide receipts that you can submit to your carrier, so that you can be reimbursed for your treatment with me. Make sure to list yourself as the payee on the claim forms.

Services may be covered in full or in part by your health insurance or employee benefit plan under a PPO. Please check your coverage carefully by calling the benefits number on the back of your insurance card.

Cancellation Policy: After two last minute cancellations you will be asked to pay \$25, each time you do not come to your scheduled appointment and you have not notified me at least 12 hours in advance, so that your appointment time can be made available to others, or I can make other plans for my time. Exceptions may be made in the case of emergencies. My philosophy is that it is better when we are kind, thoughtful, and respectful of one-another.

Late Policy: If you are more than 20 minutes late for a session, it is difficult for us to delve into the issues you want to address that week and reach any satisfying resolution. That being said, it is your hour and your therapy dollar to use as best you can. Session fee will stay the same, whatever time you arrive for your appointment. The session will end at the normal designated end time, even when you are late. In cases of unforeseen emergency with another client, I may occasionally be late for a session or have to reschedule your appointment. The rescheduled appointment is complimentary and you will not be charged for a session that begins late due to any scheduling problem on my part.

Emergencies: In the event of an emergency dial **911** or call the 24 Hour Access and Crisis Line at **800-479-3339**. I am available via telephone, during business hours, between sessions, and may sometimes be able to return emergency calls, but it is important to make use of appropriate emergency supports— as most calls can only be returned during normal business hours— and a true emergency should never be kept waiting on a call-back. You can reach me during normal business hours at: 619-368-9339.

Confidentiality is essential to building a trusting relationship - all sessions are completely confidential. The therapist will not discuss any aspect of your therapy with anyone outside of therapy without your prior written consent. It is important that all clients (especially teens) have a confidential relationship with their therapist.

If you are attending therapy due to a court mandate or as a consequence or condition of probation or parole, you may need to waive your rights to confidentiality or privilege and the therapist may be required to communicate to your probation or parole officer regarding your treatment.

If you have health insurance that covers services, a minimum of information may need to be exchanged to insure your reimbursement.

Secrets within family relationships can sometimes be destructive or counter-productive to the goals of family therapy. If a client reveals such a secret to me, I will use discretion in addressing it. Generally, I will ask the patient to divulge the secret if it is interfering in family treatment – if the therapist believes the secret is destructive or counter-productive to the counseling process, and the client insists on maintaining it, the therapist may suspend treatment until the client reveals the secret. In cases of extreme danger, the therapist may reveal the secret to maintain safety within the family. In general, the therapist will maintain confidence, unless it is absolutely necessary to divulge.

Limits of Confidentiality: The following are exceptions to confidentiality and MUST BE reported to the appropriate authorities. Please note – these reports are mandated by law and may be made without your prior consent or written permission. As long as it is deemed safe to do so, you will be included in any reporting process to maintain therapeutic trust.

1. If client(s) become(s) a danger to himself/herself, steps will be taken to keep the person safe.
2. If the client becomes a danger to another identifiable person(s), the potential victim(s) must be warned and the police will be notified.
3. Any suspicion of child abuse (including physical, sexual, or emotional abuse as well as child neglect or endangerment) whether past or present, previously reported or not, must be reported.
4. Any suspicion of abuse, exploitation or neglect of an elder or dependent adult will be reported to Adult Protective Services.

I authorize Kristin L. Perry, MA, MFT to leave voice messages at my home, or with a person who answers my phone, about appointments, billing issues, or other pertinent information regarding my treatment.

YES / NO (circle one)

I have been provided a copy and agree to the Notice of Privacy Policies: (Please Initial) By signing below, I acknowledge that I understand and agree to the above policies:

Signature(s): _____

Printed name of Client(s): _____

Signature Date: _____

Witness: _____ Date: _____



Kristin's Comfy Couch