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INFORMED CONSENT FOR COUNSELING

Introduction

California law requires licensed therapists to provide their clients with information that allows them to make informed decisions regarding their participation in therapy. This document serves as an agreement between Melinda Siders, LMFT, and any person or persons who seek therapy services from her. This document is meant to be both informative and consensual in nature and is legally binding once it has been signed and dated. Both client and therapist consent to the terms of this agreement as stated below.

Therapist's Approach

Ms. Siders has a Masters' Degree in Psychology, with an emphasis in Marriage & Family Therapy. She is Licensed with the Board of Behavioral Sciences in California, registration # BBS 110318. Ms. Siders' approach to therapy is rooted in Cognitive Behavioral Theory as well as Solution Focused Theory; other modalities may apply. Ms. Siders is trained in EMDR therapy as a safe, proven and successful modality for treating trauma, grief and loss, depression, and other psychological disorders. All approaches to therapy are based on empirical scientific theory.

Benefit and Risks

People seek therapy for a multitude of reasons. Often a new perspective can help a great deal. As therapists, our motto is "do no harm." The goal of therapy is a reduction of stress; anxiety, distress or any other psychological problem for which the client may be seeking help. These problems can include mental health issues, personality issues, environmental issues, family issues, school issues, relationship issues and even religion issues.

In most cases, therapy can improve one's sense of well-being and their relationships. In some cases, people obtain little or no benefit from therapy and risk getting worse. Therapy can often lead to unsettled, unspoken emotions that surface as a result of conversations and interventions within the process. The outcome of therapy is subjective and can only be determined by both client and therapist's degree of participation and commitment.

Therapist Responsibilities

As your therapist, I will guide you along your journey with information, choices and new perspectives in managing your given situation or circumstance. I will inform you of possibilities

and risks and walk you through difficulties in a professional manner.

Normal sessions are 60 minutes in length and EMDR sessions are 90 minutes. However, your first session will be a 2-hour information-gathering session. In this session I will also answer any questions you might have about the therapy process. The nature of your visit will also be discussed at that time as well as your possible length of sessions.

It is my obligation and duty to provide you with professional services and maintain ethical boundaries in every situation throughout the therapy process. If you need further clarification or have questions, please feel free to ask.

It is also a therapist's duty to maintain client confidentiality as provided below. There are situations in which I am mandated report and those are also specified below.

- I am required by law to report any Child Abuse, Elder Abuse, Spousal Abuse, Perceived harm to self or Perceived harm to others.
- I will not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.
- There may be a time I use client and/or materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with written consent or when appropriate steps have been taken to protect client identity and confidentiality.
- I will store, safeguard, and dispose of client records in ways that maintain confidentiality and in accordance with applicable laws and professional standards.
- When consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

Record Keeping.

I will take notes during the therapy session. This is done so that I may expand upon my thoughts and questions throughout the session. These notes constitute clinical business records which by law, therapists are required to maintain. Such records are the sole property of the therapist. Should you or your representative request a copy, you may do so in writing. Therapists reserve the right, under California law to provide a treatment summary in lieu of actual records. I may also refuse to release records under certain circumstances but may provide a copy of the record to another treating patient provider.

Fees & Cancellation Policy

I acknowledge that sessions are billed at \$110.00 per 55 minutes. The first session will

be billed at \$170 per two hours. EMDR will be an hour and a half each session and will be billed \$150.00 per session. If for any reason you need to cancel an appointment, you may do so with at least a 24-hour notice. Clients who do not give a 24-hour notice will be charged their regular rate of \$110.00. If paying electronically using debit or credit card, a 5.5% fee will be added of \$6.00.

Email & Text Messaging

I have been made aware of the limitations and possible benefits of communicating with my counselor for routine matters of communication like scheduling, billing, or non-emergency routine communication. I understand that there are risks to confidentiality and that my counselor cannot assure confidentiality if I choose to communicate with e-mail or text messaging. I have had an opportunity to ask questions regarding e-mail or text messaging communication. The questions, (if applicable), were addressed to my satisfaction by my counselor.

I give permission to communicate via **e-mail** _____ Client Initials
and/or via **text messaging** _____ Client Initials

I **DO NOT** give permission to communicate via e-mail or text message _____ Client Initials

Agreement of Services After reading and acknowledging the above information, my signature serves as an agreement between myself and Melinda Siders, LMFT, to begin the therapy process. I understand that fees are due at the time of service and I understand the confidentiality and privacy matters as outlined above. Furthermore, I understand that I may discontinue services at any time for any reason. By signing below, I willingly consent to therapy services with Melinda Siders, LMFT.

Print Signature Date
Phone: _____ Email: _____

Print Signature Date
Phone: _____ Email: _____