

*Ella Soleimany, MA, MFT  
MFC 44071  
1115 Toro Street, Suite H  
San Luis Obispo, CA 93401  
Phone 805.801.3552  
Fax 805.544.2375*

## **Psychotherapy Consent Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_

Referred by: \_\_\_\_\_

### **Psychotherapy Services**

Psychotherapy is not easily describable in general statements. It varies depending on the personalities of the therapist and the client and the particular problems you are experiencing. There are many different methods that may be used to deal with the problems that you are hoping to address. I may use cognitive behavioral methods, psychodynamic approach, family system, hypnosis or a combination as appropriate and according to the presenting problem.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant parts of your life, you may temporarily experience uncomfortable feelings, like sadness, guilt, anger, frustration, loneliness and helplessness. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are no guarantees of what you will experience.

### **Confidentiality**

Information shared by you in a therapy session will be kept in strict confidence. If I need to talk about your case with another source, first I will need to sign a "release of information" form.

The exceptions to this are:

1-Abuse of Children or Disabled Adults. If I believe a child, an elder, or a disabled adult has been or will be abused or neglected, I am legally required to report this to the authorities.

2-Imminent Harm to Self or Others. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

3-Compliance with Legal Mandates. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

I also ask you not to disclose the name or identity of any other client being seen in this office.

### **Availability**

I check my messages daily till 8:00 pm. I generally am not available on Sundays and holidays. If you are experiencing an emergency you may call HOTLINE at 805-549-8989, or go to your local emergency room.

### **Fees, Payments, and Cancellations**

My fee for regular therapy session currently is \$90.00, it is payable at the time of service. You will be given advanced notice should the fee change.

A cancelled appointment delays our work. If you must cancel an appointment please give 24 hours notice. Your session is reserved for you. I am rarely able to fill a cancelled session unless I know a week in advance. If you start to miss a lot of sessions, I will have to charge you for the lost time unless I am able to fill it.

### **Our Agreement**

My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed in this form, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read the issues in this form. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

Relationship to client:

- Self     Parent     Legal Guardian  
 Health care custodial parent of a minor (less than 14 years of age)  
 Other person authorized to act on behalf of the client