

# Steven Kessler, MFT

*Psychotherapy and Counseling  
Groups and Workshops*

*1061 Eastshore Highway, Suite 205  
Albany CA 94710*

LIC. # MFT 23008

(510) 834-5399

## **Informed Consent for Therapy**

I have been a licensed Marriage and Family Therapist since 1987. I work mainly with adults, both individually and in couples. I also teach large groups and seminars.

### **Confidentiality**

Confidentiality exists by law between therapist and client. As required by law, I keep a written record of our sessions. This information is kept in a secure location.

The information disclosed by you during the course of your therapy will be kept confidential, except when I am required by law or requested by you in writing to share information with others.

Confidentiality must be suspended, by law, when a person is determined to be a danger to self or others, where reasonable suspicion of child, elder or dependent adult abuse exists, or upon receipt of a valid court order.

### **Meetings and Cancellations**

Generally sessions are scheduled once a week and are 50 minutes in length, but we may agree on varying lengths and frequencies, depending on your needs. If you are unable to attend your scheduled session, you must notify me at least 24 hours in advance to avoid being charged the full fee for the session.

### **Professional Fees**

My standard fee for a 50-minute session is \$180 and may be increased from time to time with one month's notice. Longer sessions will be charged on a pro-rated basis. I do offer a sliding-scale fee to a limited number of clients, based on their financial situation. You are expected to pay for each session at the beginning of the session, unless we agree otherwise.

In addition to weekly appointments, it is my practice to charge the agreed-upon fee on a pro-rated basis for other professional services such as report writing, telephone conversations longer than 10 minutes, attendance at meetings, or the time required to perform any other service you may request of me.

### **Insurance**

If you have a health insurance policy, it may provide some coverage for mental health treatment. I will assist you in facilitating your receipt of the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of the fee. Be aware that most insurance companies do not pay for sessions you miss or cancel with less than 24-hours notice. In such cases, you will be responsible for paying for the session.

**Phone Contacts**

I check my voice mail at least once per day and return calls as quickly as possible, usually within 24 hours. Weekend calls will be returned on Monday, except in emergencies. Phone calls of 10 minutes or less are standard. After 10 minutes, I will ask you if you would like to do a phone session, which will be billed at the regular session rate.

When I am out of town or otherwise unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

**Consultation**

If I believe it will help me provide better therapy for you, I may occasionally consult with another professional about your case. In consultations, I will not reveal your identity. And the consultant is, of course, legally bound to keep all information confidential.

**Secrets Policy and Couples**

As your couple's therapist, I will not hold the secrets of one member of the couple that are revealed outside of the presence of the spouse/partner. I may, at my discretion, choose to disclose information that has been revealed by you outside of the presence of your spouse/partner, if I believe it is clinically appropriate.

**Patient Litigation**

I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with a patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a patient's legal matters. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary rate of \$180/hour.

**Termination**

You may terminate treatment at any time. Generally I ask patients who are terminating to schedule one or more termination sessions in which to review your progress and current situation and complete the termination process. If you appear to have met your goals, I may ask whether you would like to terminate or set new goals. Also, if you or I believe you are not benefiting from treatment with me, I may discuss termination with you, in which case I can refer you to another psychotherapist.

***I have read and understand this agreement and I consent to this psychotherapy.. I understand that I may request a copy of this document.***

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

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if under 18)

\_\_\_\_\_ Date \_\_\_\_\_