**Licensed Marriage & Family Therapist #77747**

20 S. Santa Cruz Avenue #309, Los Gatos, CA 95030

(650) 641-0040

**CONSENT TO EVALUATION AND TREATMENT**

You are being asked to read and sign this form, which I will also discuss with you at your first session. The purpose of this document is to provide information so that you will be able to make an informed decision about, and give your informed consent for evaluation and/or treatment. Once you sign this Consent to Evaluation and Treatment, it will constitute a binding agreement between us based on each of the points outlined below. *Please be sure to read the accompanying document entitled, “About My Services” that gives more detailed information you should know about my practice.*

1. **Confidentiality** – All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written except in the following circumstances:

* In the State of California, the law requires disclosure if I have reasonable suspicion or knowledge that a child (a person under the age of 18) or an elder (someone 65 years or older) or a dependent adult (someone with a physical or mental limitation that restricts his or her ability to carry out normal activities of daily living) is being abused or neglected. Abuse can be sexual, physical or emotional.
* Disclosure may be required if I have reasonable cause to believe that you may be dangerous to yourself (actively suicidal) or that you are seriously threatening bodily harm to another. In either case, I will take steps to protect you or the other person. This may involve seeking hospitalization for you or contacting family members or others who can help provide protection for you. In the case of potential harm to others, this may involve notifying the potential victim, notifying the police, or seeking appropriate hospitalization for you.
* Occasionally I seek consultation on a case from another professional. Although case details are discussed at such times, potentially identifying information is *not* shared. Furthermore, the consultant is also legally bound to keep all information confidential. Unless you object, I will not tell you about these case consultations unless I feel it is important to our work together.

2. **Fee for service.** The fee for treatment is $\_\_\_\_\_\_\_\_\_\_\_ per 50-minute therapy session. Please pay by cash , check or credit card at the beginning of each session unless other arrangements are made. To save time, please make out your check before the session.

3 **Cancellation policy**. Your appointment time has been reserved for you. You are requested to provide as much advance notice as possible to cancel or reschedule an appointment. However, to avoid being charged for a missed appointment, simply call my voice mail at (650) 641-0040 before midnight the day before the appointment and leave a message to cancel or reschedule. If you forget your appointment or if your call to cancel or reschedule is after midnight the day before your appointment, you will be charged the entire fee for a missed session. Therefore, if you think you are getting sick the night before your appointment, be sure to call my voice mail and cancel. Do not use email or text message to cancel an appointment; call and leave a voicemail message.

4. **Insurance reimbursement.** At this time, I am not on any insurance panels. If you are using insurance, it is your

responsibility to check with your insurance provider to see if they will reimburse you for all or part of your sessions with me. I will provide you with an invoice on a periodic basis upon your request that you can then submit to insurance for reimbursement directly to you.

5. **Additional Charges**. Telephone conversations lasting more than 10 minutes, emails seeking advice or therapeutic assistance, reports or treatment summaries you need me to write, providing off-site services or performing any additional service other than in session treatment may incur additional charges. In most cases, I will discuss in advance extra fees for such services.

6. **Benefits and Risks of Therapy**. Participating in therapy can result in a number of benefits to you, including a better understanding of yourself, alleviation of painful feelings, improved interpersonal relationships, and hopefully the resolution of the specific concerns that led you to seek therapy. However, sometimes therapy can be uncomfortable, especially when painful feelings arise or when unpleasant aspects of your history or your present situation come up. For therapy to “work,” you must be an active participant, both in and outside of the therapy sessions. Between sessions you should think about what we discussed and what it means to you. Come to each session prepared to talk about your thoughts or feelings or other issues that may arise. Likewise, if you are asked to read something or undertake some activity related to your therapeutic goals, you should be sure to do so. There are no guarantees about what therapy will do for you. Sometimes participating in psychotherapy results in changes that you may not expect or that you did not originally intend.

7. **Sole Practitioner.** Ann Hawkins, MFT is a sole practitioner and is not associated with any group or other practitioner, even though she shares office space with other practitioners. Likewise, they are not responsible in any way for actions she may take.

By signing this agreement, I acknowledge that I have read and understand the information given here and that I have been provided with a copy of this form for my records. I also affirm that I have been given the document, “About My Services,” and I agree to read and review it and ask Ann Hawkins, MFT for clarifications as necessary.

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SIGNATURE OF MINOR’S PARENT/GUARDIAN DATE

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❑Copy provided & accepted by client