

Laurel O'Connor, M.A.
Licensed Marriage and Family Therapist #105148
1625 State Street, Suite 5
Santa Barbara, CA 93101
(805) 699-5028

OFFICE POLICIES & INFORMATION
AGREEMENT FOR PSYCHOTHERAPY SERVICES
INFORMED CONSENT

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is an alliance, a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety for you to take risks and the support to become empowered to change. As a client in treatment, you have certain rights that are important for you to know about because this is your therapy and the goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

1. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

Other exceptions to confidentiality include, but are not limited to the following. I would inform you of any time when I think I will have to put these into effect.

- If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and/or Adult Protective Services immediately.
- If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
- If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical and legal consultation with appropriate professionals. During such consultations, I will not reveal any personal identifying information about my clients.

2. Emergencies

National Suicide Prevention Lifeline: call or text 988 or chat [988lifeline.org](https://www.988lifeline.org)
Family Service Agency Information & Referral/Crisis Intervention
HelpLine (24 hours/7days): 1-800-400-1572
Santa Barbara County SAFTY for Child/Teen/Young Adult Mobile Crisis Response:
(888) 334-2777
Child Protective Services: (800) 367-0166 or 911 after hours
Adult Protective Services: (805) 681-4550 or (805) 692-5743 after hours

3. Payment

Payment of fees is expected at time of your session unless other prior arrangements have been made. I recommend that you prepare your check ahead of time, so that we can make the most of our time together. Checks should be made payable to Laurel O'Connor LMFT. Should any financial difficulties arise, please let me know so that we can deal with the situation.

4. Time & Fees:

We have agreed on the fee of \$_____ per 50 minute session. Longer sessions will be prorated accordingly. Fees will be reviewed periodically and may be annually increased to adjust for the cost of living.

5. Insurance

I am not a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance I can provide you with a statement, which can be submitted to insurance to seek reimbursement of fees already paid. I recommend that you contact them before beginning therapy to determine if they provide partial reimbursement for out of network providers.

6. Cancellation

I have a 24-hour cancellation policy. If you need to cancel or reschedule, please do so within 24 hours of your appointment time. Clients will be billed for the session if cancellations are not made within this time frame.

7. Contact

My telephone number is (805) 699-5028. You are welcome to leave messages at that number any time day or night. I will return your call within 48 hours, Monday - Friday.

8. Termination

I believe that each client is the expert on her/his own experience. Thus, I support the process of termination if and when determined by the client, for whatever reason. In order to make this transition as smooth as possible, reap the benefits of our work together, and create closure, I request that you provide me with at least one month's notice. If you are unable to do so, I still respect your decision and am committed to helping you end well.

9. Access:

My office location is located at 1625 State Street in downtown Santa Barbara. When you enter the front door, walk up the stairs and my office is to the left. You will see my name along with other therapists with whom I share the office. There is a waiting area outside the door of my office. I will meet you in the waiting area at the time of your scheduled appointment. Free 75-90 minute street parking is available.

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Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it.

I agree to pay the fee of \$_____ per session, paid via Venmo, Square, cash or checks made payable to Laurel O'Connor.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me.

I agree to undertake therapy with Laurel O'Connor, LMFT #105148. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Laurel O'Connor. I am over the age of eighteen. I have received a copy of this consent for my personal records.

Client name (please print)

Client Signature

Date

Laurel O'Connor, LMFT
Therapist name

Therapist Signature

Date