

Bridge Counseling Group, MFC #39867
5006 Sunrise Blvd, Suite 104
Fair Oaks, CA 95628

Informed Consent

These pages include important information regarding the therapeutic relationship we are about to begin. Please read them carefully and do not hesitate to ask any questions.

Any information you share with me will be held in the strictest confidence, including the fact that you are a client at this center.

The following are the only exceptions to the above mentioned confidentiality:

1. If I have a reasonable suspicion that you are a danger to yourself, I will do what is necessary to attempt the prevention of a tragedy (such as admitting you to a hospital or choosing another intervention to insure your safety.)
2. If I have a reasonable suspicion that you are a danger to another person, I have an obligation to either warn that person and others who may be effected, and I may need to call the police.
3. If I have a reasonable suspicion that you are involved in the abuse of a minor I have an obligation to call Child Protective Services or the police.
4. If I have a reasonable suspicion that you are involved in the abuse of an elder adult, I have an obligation to call Adult Protective Services or the police.
5. If I receive a court order to release records, I will always consult you and your attorney prior to any release of information.

I am a:

Licensed Marriage, Family and Child Therapist.

Registered Marriage, Family and Child Associate.

If this space is checked, then your therapist is an associate in the process of obtaining 3,000 hours required to take the marriage and family therapist licensing exams. Associates have completed their master's degrees and are studying under a licensed therapist until they have passed their examinations. Your therapist will be meeting weekly with his/her supervisor, Kristen Crichton, LMFT, in order to discuss his/her cases each week. Your therapist's supervisor will maintain the confidentiality of your case, as required by mental health laws, and your session will only be discussed in order to ensure the best therapy possible. Occasionally, your therapist may be asked to record one of your sessions. The audio or videotape will be erased after supervision and you will never be recorded without your knowledge and explicit permission.

As you know, this is a professional relationship. I want to help you understand yourself better and help you improve your relationship with others. Large numbers of studies

indicate that practicing a mainstream faith confers significant health benefits, especially mental health benefits, and that people who use “religious coping” (i.e. prayer, confession, seeking strength and comfort from God) adjust better to stressful events. I want you to know that I am a Christian and am perfectly willing to work with your spiritual needs as well as your physical, emotional and cognitive needs if you should choose. Please let me know if this is something you would like to address.

In order to maintain the integrity of the therapeutic relationship, I am restricted from socializing with any client outside of sessions for purposes of business or pleasure. Part of what makes the therapeutic relationship safe is that our therapeutic relationship is outside of your circle of contacts. A secondary relationship can compromise the therapeutic relationship. In addition, all clients should be informed that professional therapy never includes sex. If a therapist has ever made sexual comments or flirtatious advances, initiated a sexual relationship of any kind, or responded to a sexual relationship that you initiated, this constitutes unethical, illegal behavior and your rights as a client have been violated. Please tell me if this has occurred and I will provide you with a copy of the State of California Consumer Affairs brochure, ‘Professional Therapy Never Includes Sex.’ This will notify you of your rights as a consumer.

The fee is ____ per 50 minute clinical hour. Sessions start at the time we agree and end 50 minutes later. Except for calls under 10 minutes or brief reports, I charge for report writing, phone therapy, email responses or other professional services at a rate of ____ per hour in 15-minute intervals. Please help me maintain time limits and use your time wisely.

You are responsible for payment services should there be any non-coverage from your insurance company. **Initials: _____**

I ask for a 24-hour cancellation notification prior to appointment unless there is an emergency. Failure to do this will result in billing for the entire missed appointment fee as I do not bill insurance companies on missed appointments. **Initials: _____**

You are free to terminate therapy at any time. It will be beneficial to discuss termination together so we will have adequate time to prepare for it.

Please sign and date below after you have read and fully understand the information above.

Signature

Date

Supervisor: Kristen Crichton, L.M.F.T. 39867