**CHERYL PETERSON, M.F.T.**

**Disclosure Statement & Agreement**

**Introduction**

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

**About the Counseling Services**

It is my intent to provide services that will assist you in reaching your goals. Based on the information that you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment. You have the right to agree or disagree with my recommendations, as it is a team effort.

Due to the nature and severity of each situation, as well as the individuality of each client, I am not able to predict the length of treatment, nor can I guarantee a specific outcome. I can state that your participation will greatly contribute to your results.

I do require that you do your best to engage in following through with directives and homework assignments outside of your session in order to increase the likelihood of change. Without your efforts, therapy will not yield results. If there is continual non-compliance and/or lack of follow through, then a referral to another provider may be recommended.

**Complaints**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

**Information about Your Therapist**

I am a licensed Marriage and Family Therapist, MFT#46514. I incorporate a variety of therapeutic techniques for treatment. Please feel free to ask any questions that you may have about my background and/or experience.

**Sessions, Fees**

Sessions are approximately 45-60 minutes in length. The cash is $125.00 per hour session.

Fees and/or co-pays are payable at the time of service. Non-payment can potentially result in termination of services.

Should I be requested and/or subpoenaed to court for any reason then there will be a $250.00 per hour fee.

If for some reason you are no longer able to continue paying for therapy, please discuss this with me so we can explore your options.

There will be a $25.00 fee for all returned checks.

­­­­\_\_\_\_\_\_Cancelations must be made within 24 hours. If I do not receive a 24 hour notice then you will be responsible for your full session fee. Please note insurance companies do not pay for missed appointments.

\_\_\_\_\_\_More than 1 no show or continual late cancels will result in termination of services.

**Confidentiality**

Details of what is communicated will be held in strict confidence unless you provide *written* permission to release information. In marital or family therapy, no information will be released unless all participants provide written authorization. The only exception is if the information released is about one individual and that individual wants specific information released, however there will be no mention of the type of therapy provided.

There are some limits of confidentiality, they are as follows:

* There is stated or there is reasonable suspicion that you may cause serious harm or death to self, and I believe that there is intent and the ability to carry out the threat.
* There is stated or reasonable suspicion of a plan to cause serious harm or death to another individual, and I believe there is intent and ability to carry out this threat.
* There is stated or reasonable suspicion of any sexual, physical, and/or emotional abuse, abandonment, or neglect of a child that is currently under the age of 18. Or any previous above stated abuse by an individual that has never been reported and the individual is currently around other children.
* There is stated or reasonable suspicion of any sexual, physical, and/or emotional abuse, abandonment, neglect, or financial abuse of someone over the age of 65.
* There is any involvement in a legal case and wherein mental health state is being used for a claim.
* A subpoena by a judge.

Please be aware that any communication through electronic devices (e.g. social media, text, e-mail, venmo) cannot always be guaranteed to be secure, therefore complete confidentiality can’t be ensured when using these platforms.

**Minors and Confidentiality**

Minor children do hold their own ability to determine what information is shared with parents or guardians. In order to maintain a trusting relationship with the child, it is imperative that they know that the information shared will not be shared with parents without their knowledge and agreement. Should I deem that a child is engaging in harmful behaviors I will inform the guardian of the concerns.

It is not uncommon for a minor to miscommunicate what was said in the therapy session, therefore I highly recommend for you to clarify any possible concerns with me.

**Availability/Emergencies**

You are welcome to call or text me in between sessions, however these contacts will be kept to a minimum. Please note I am not on call, therefore I may not respond immediately. Should the contact be lengthy, you will be charged for a phone session.

It is best to contact me via telephone at 209.559.2432. I am quicker to respond via text.

You may leave a message for me at any time on my confidential voicemail. Non-urgent telephone messages will be returned during normal business hours (Monday through Friday) within 24 hours, unless otherwise stated on my voicemail, such as vacations or other events in which I do not have access to a telephone. If you have an urgent need to speak to me, please indicate this on your voicemail and I will attempt to return your call as soon as I can, however if there is an emergency please call 911 or Tuolumne County Behavioral Health at 533-7000.

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others you must call 911, as I am not always available.

**Termination of Therapy**

The length and timing of eventual termination depends on the specifics of the treatment plan and/or goals. It is important that we work together in regards to termination. We will be discussing termination as you approach the completion of goals.

You may choose to discontinue therapy with me at any time. I feel that it is very important that you discuss any concerns with me directly prior to terminating. If either myself, or you feel that you are not benefitting from services, then we can work together to explore alternative options such as changing your treatment plan, technique, or finding the appropriate referrals to other resources.

Your signature below indicates that you have read this agreement in its entirety, and that you fully understand and agree to its contents. You further agree we have discussed and clarified any of your questions and/or concerns.

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Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

By signing below your are acknowledging you have received a copy of the “Notice of Privacy Practices.” This notice provides you with information of how I may use and disclose your protected health information. I encourage you to read it in full.

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Signature Date

**Insurance Only:**

By signing below you are consenting to have Cheryl Peterson, MFT bill your insurance via mail or electronically:

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Signature Date