

Agreement for Service / Informed Consent

This agreement is intended to provide you with important information regarding my practices, policies and procedures, and to clarify the terms of the professional therapeutic relationship between therapist and client. Any questions or concerns regarding the contents of this agreement should be discussed with me prior to signing it. I will clarify any issues to assure that you have a clear understanding of the contents of this agreement and consent. Due to applicable legal requirements, this agreement must be provided in a formal basis. I welcome the opportunity to work with you in setting and reaching your therapy goals.

Therapist Background and Qualifications

I am a practicing licensed marriage and family therapist (LMFT) in the state of California, working primarily with individuals, couples, and families on a variety of issues including trauma, substance abuse and dependence, dual diagnosis, life transitions, and codependency. My theoretical orientation comes from the psychoanalytic/psychodynamic school of thought, however I use a variety of treatment modalities, modifying my approach to meet the needs of each individual client.

I earned my Ph.D. in Depth Psychology with an emphasis in Depth Psychotherapy from Pacifica Graduate Institute. I completed my Masters Degree in Clinical Psychology from Antioch University and my Bachelors Degree in Communications from Northwestern University.

Risks and Benefits of Therapy

Psychotherapy is a process in which a therapist and a client explore a myriad of issues, events, experiences and memories for the ultimate purpose of enabling the client to experience his/her life more fully. Psychotherapy provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties the client may be experiencing. Psychotherapy is a joint effort between client and therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to the client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of the client, a willingness to participate honestly in, and tolerate the potential discomfort of, the therapeutic process. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which I, as the therapist, will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility. You should never do anything that you find objectionable or inappropriate.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. I encourage you to address any concerns you have regarding your progress in therapy with me regularly. It is important that you not keep such feelings, which are normal, to yourself.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, the therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, the therapist will not reveal any personally identifying information regarding the client.

Confidentiality

The information disclosed by a client is generally confidential and will not be released to any third party without written authorization from that client, except where

required or permitted by law. I will not disclose patient confidences, including the names or identities, to anyone except a) as mandated by law (i.e. reporting suspected child, elder and/or dependent adult abuse and/or neglect; a serious intent to harm a reasonably identifiable victim(s)) b) as permitted by law (i.e. when a client is dangerous to him/herself or to the person or property of another) c) if I am a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of that action), or d) if there is an authorization previously obtained in writing, and then such information may only be revealed in accordance with the terms of the authorization.

Client Litigation

I will not voluntarily participate in any litigation or custody dispute in which a client and another individual, or entity, are parties. I have a policy of not communicating with the client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a client's legal matter. 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 my time, including any time spent for preparation, travel, or other time that I made myself available for such an appearance at my usual and customary hourly (50 minutes) rate of \$____.____

Psychotherapist-Client Privilege

The information disclosed by you, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between the therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the client is the holder of the psychotherapist-client privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the psychotherapist-client privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. The client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. The client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

Fee and Fee Arrangements

You are responsible for payment of my usual and customary fee for services as of the date the service provided. At this time, my usual and customary fee is \$____.____ per 50-minute session. Sessions longer than 50-minutes are charged for the additional time on a pro rata basis. I reserve the right to periodically increase my fee and you will be given thirty (30) days notice of such increase.

From time-to-time, I may have a telephone discussion with you for purposes other than scheduling sessions. You will be responsible for payment of usual and customary fee, on a pro rata basis, for any telephone calls longer than ten minutes. In addition, from time-to-time, I may engage in telephone contact with third parties at your request and with your advance authorization.

Clients are expected to pay for services at the time services are rendered unless other arrangements have been agreed upon. I accept payment in the form of personal checks, cash, and credit cards. If you choose to keep a credit card on file with me, you will need to fill out a credit card authorization form authorizing me to charge your card for services rendered.

Insurance

I am not a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance, I will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid. My fees are not subject to adjustment as a result of insurance or the amount of insurance contribution you may receive.

Cancellation Policy

You are responsible for payment of my usual and customary fee for any missed session(s) unless you provide me with at least 48 hours (two business days) notice of cancellation. Cancellation notice should be left on my voicemail at 310.929.0693.

Therapist Availability

I have a confidential voicemail system that allows you to leave a message at any time. I will make every effort to return calls within 24 hours (or by the next business day), but I cannot guarantee that I will be able to do so. I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room immediately.

Termination of Therapy

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, failure to comply with treatment recommendations, untimely payment of fees, conflicts of interest, failure to participate in therapy, a client's needs are outside of my scope of competence or practice, or the client is not making adequate progress in therapy. You have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. If necessary, I will attempt to assist you in a smooth transition to another therapist.

Indemnity, Waiver of Liability

With the understanding that all actions you take are ultimately your responsibility, you agree that you will hold me free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, except for my professional negligence that may result from such treatment.

Arbitration

Any disputes arising out of this agreement shall be resolved by private arbitration before the American Arbitration Association to be conducted in Los Angeles, California.

Acknowledgement

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement. You have discussed such terms and conditions with me, and have had any questions with regard to the terms and conditions of this agreement answered to your satisfaction. You agree to abide by the terms and conditions of this agreement and consent to participate in psychotherapy with Dr. Kim Farber, LMFT.

Kim Farber, PhD, LMFT

Date

Name of Client (Please print)

Signature of Client

Date

I understand that I am financially responsible to Dr. Kim Farber, LMFT for all charges.

Name of Responsible Party (Please print)

Signature of Responsible Party

Date