

Marel Grunt, LMFT
1138 Ballena Boulevard, Suite A2
Alameda, CA 94501
(510)703-9415
LMFT 52906

CONSENT TO TREATMENT

Welcome to my practice. Please read this document carefully and feel free to ask me any questions you might have regarding its content. Your signature indicates that you understand and agree to the following.

ABOUT THE THERAPY PROCESS

Psychotherapy has been shown to have many benefits. It often leads to better relationships, resolutions of specific problems and a reduction of distressing feelings and symptoms. However, it is important to understand that there are no guarantees of the outcome of the therapeutic process. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will offer you recommendations regarding your treatment. I believe that therapists and clients are partners in the therapeutic process, and as such, you have the right to agree or disagree with my recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

I will work with you to develop an effective treatment plan. Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input are an important part of this process. It is my goal to assist you in effectively addressing your issues and concerns. However, due to the varying nature and severity of the issues and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

PROFESSIONAL SERVICES AND FEES

Therapy sessions are scheduled for 50 minutes. If services are rendered that go beyond the allotted session time, the additional time will incur a prorated fee.

Fees are due at the time of service unless other arrangements have been made with me.

Fee for services will be discussed prior to the first session.

BILLING AND INSURANCE

I am not currently on any insurance panels. Although it is true that some insurance plans make allowance for out of network services, it is the responsibility of the client to contact your insurance company and to be aware of the benefits you have.

Added space here

Statements are generally mailed if your account has a balance. If your account is more than 60 days past due and suitable arrangements for payment have not been agreed upon, I reserve the right to use legal means to secure payment. This includes the use of a collections agency or small claims court. Under these circumstances, the information released about a client's treatment will be: names, phone numbers, addresses, the nature of the service provided and the amount due.

If you are paying by check, please have it made out prior to the session so as to not take up time during the session. Please make your checks payable to Marel Grunt.

CONFIDENTIALITY

All information between a client and therapist is confidential with the following exceptions:

- 1) The clients(s) (or parent/guardian of a minor client) authorizes a release of information.
- 2) The client represents a physical danger to self or others.
- 3) There is a reasonable suspicion of child or elder abuse or neglect.
- 4) The client (or parent/guardian of a minor client) makes an issue of therapy or mental status in a legal proceeding.
- 5) In the unlikely event of a collection on an overdue account, as described under the Billing and Insurance section of this document.

MINORS AND CONFIDENTIALITY

Communication between therapist and clients who are minors (under the age of 18) is confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in the treatment process. Consequently, your therapist, in the exercise of her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic.

THERAPIST AVAILABILITY AND CONTACT

You are welcome to phone your therapist in between sessions. However, as a general rule, it is my belief that important issues are better addressed within the regularly scheduled sessions. Clients in my practice are seen on Mondays through Fridays from 10:00 am to 7:00 pm. My voicemail number is (510) 703-9415. **As a sole practitioner, it is important to note that you can leave a voicemail 24 hours a day but, if you have an emergency that is imminent, it is critical you call 911 or have someone take you to the closest emergency room. The Alameda County 24 hour Crisis Hotline number is 1 (800) 309-2131.**

CANCELLATION AND NO SHOW POLICY

Your appointment time is reserved specifically for you. If you need to cancel or reschedule an appointment, 24 hour notice is required or you will be charged for the appointment. A voicemail message is sufficient.

TERMINATION OF THERAPY

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan your termination in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue treatment at any time. If you or I determined that you are not benefitting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or termination your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that have about this information before you sign.

Name of Client

Signature of Client (Parent/Guardian if client is under the age of 18)

Name of Parent/Guardian (if signing on behalf of minor)

Date

