



AMBER MARTIN  
LICENSED MARRIAGE & FAMILY THERAPIST

INDIVIDUAL, COUPLES AND WOMEN'S EMOTIONAL WELLNESS  
AMBER MARTIN, M.A., LMFT- OWNER  
LICENSE # 104655

2121 41ST AVENUE, SUITE 205  
CAPITOLA, CA 95010  
(626) 234-5113  
AMBER@AMBERMARTINMFT.COM  
WWW.AMBERMARTINMFT.COM

## INFORMED CONSENT FOR TREATMENT POLICIES & DISCLOSURES

### 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 your therapist any questions that you have regarding its contents.

### ABOUT AMBER MARTIN

Amber Martin is a Licensed Marriage and Family Therapist (MFT). MFTs provide therapy to individuals, couples, families and children for relationship related issues. Amber provides services through Amber Martin LMFT a Sole Proprietorship. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

### FEES AND PAYMENTS

Current standard fee for an individual 50-minute session is \$120 and for a couples 60-minute session is \$150, unless otherwise negotiated. Fees for longer sessions are prorated accordingly and agreed to in advance.

Fees are payable at the time services are rendered. Your therapist requests that you pay your fee in cash, credit card, or personal check made out to Amber Martin.

Please inform your therapist if you wish to utilize health insurance to pay for services. Amber Martin, LMFT does not accept insurance but will gladly provide a coded invoice that will have everything on it for you to submit to your insurance company for reimbursement as an out of network provider (I encourage you to contact your insurance company in advance to determine this rate). The amount of reimbursement depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. In addition, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

## **TREATMENT "UNIT"**

Marriage and Family Therapists commonly work with individual adults, children, couples and families. When beginning treatment it is important to discuss and agree with your therapist on the most appropriate treatment "unit" to achieve your goals. For family therapy, generally all family members will be expected to attend each session.

With the agreement of your therapist, additional parties may occasionally attend your sessions; however, the initial "unit" of therapy will not change. Generally, if a different mode of therapy (e.g., individual versus couples) is desired or recommended, your therapist will provide referrals to other therapists for the adjunct therapy.

## **CONSENT TO TREAT MINORS**

Generally, California Family Law allows either birth parent to authorize treatment for a minor child. In the event of divorce, authority to authorize treatment is usually stipulated in a custody agreement. In the situation of joint legal custody, usually both parents must provide written authorization. In some cases, a guardian ad litem has been appointed for a child, and this person must authorize treatment. In some circumstances it may be clinically appropriate to treat a minor without parental or guardian consent. In this case, the minor is responsible for his or her own therapy and holds the privilege of confidentiality.

By signing this form to initiate treatment for a minor, you are stipulating that you have legal authority to authorize treatment. Your therapist may require documentation prior to treatment. Please discuss any questions you have with your therapist.

## **CONFIDENTIALITY**

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment (including the fact that you are in treatment) unless all person(s) who participated in the treatment with you provide their written authorization to release such information. As a standard of practice, your therapist may occasionally review your case with a consulting therapist, who is bound to the same laws and ethics regarding confidentiality. Your therapist will not disclose your identifying information during this process.

**However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about his or her "no secrets" policy and how it may apply to you.

**There are exceptions to confidentiality.** For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

## **MINORS AND CONFIDENTIALITY**

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

## **APPOINTMENT SCHEDULING AND CANCELLATION POLICIES**

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome.

In order to cancel or reschedule an appointment, you are expected to notify your therapist at **least 24 hrs.** in advance of your appointment. If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for payment for the missed session.

## **THERAPIST AVAILABILITY/EMERGENCIES**

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

Non-urgent phone calls are returned during normal work days (Monday through Saturday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail.

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call **911** to request emergency assistance. The number for a 24-hour crisis line run by a local suicide prevention center is **(877) 727-4747**. Veterans and their loved ones can call **1-800-273-8255** and **Press 1**, chat online, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

## **THERAPIST COMMUNICATIONS**

Your therapist may need to communicate with you by telephone, mail, email or other means. Please indicate your preference to your therapist. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

## **ABOUT THE THERAPY PROCESS**

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. Your therapist believes that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's

recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result. In some cases, it is normal for symptoms to worsen during the course of treatment prior to getting better. If you are concerned about your progress or treatment, please discuss this with the therapist.

**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 for 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 therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

**INFORMED CONSENT**

Your signature indicates that you have read this agreement for services carefully, understand its contents and have received a copy for your personal records. Please ask your therapist to address any questions or concerns that you have about this information before you sign!

Client's Name (please print):	
Client's Signature:	Date:

Client's Name (please print):	
Client's Signature:	Date: