

CONSENT FOR TREATMENT

Welcome to my practice. Therapy can be an extremely rewarding experience, and it is important to understand some of the things you can expect as we begin working together. The following guidelines should help. Should you ever have any questions or concerns about the information contained in this consent, please do not hesitate to share them with me.

The experience of psychotherapy is different for every individual and depends on a variety of factors, including the particular problem or desired goal, background, experiences, etc. Talking about difficult issues can lead to painful feelings from the past and other life challenges. By being an active participant and utilizing the tools learned in the session, your relationships and quality of life will improve, including a reduction of stress and frustrations.

CONFIDENTIALITY:

Communication between therapist and client is both privileged and confidential. I cannot discuss your case orally or in writing with anyone. Our communications will remain confidential unless you request otherwise by signing a "Release of Information". There are certain exceptions to this, which I have listed below. A psychotherapist has an ethical and legal obligation to break confidentiality under the following circumstances:

- a. If there is a reason to believe there is an occurrence of child, elder, or dependent abuse or neglect.
- b. If there is reason to believe you have a serious intent to harm yourself, someone else, or property by a violent act you may commit.
- c. If you introduce your emotional condition into a legal proceeding or I am subpoenaed to give testimony.
- d. Consultation: Therapists often consult with colleagues to provide the best possible treatment. Your confidentiality is important, and your name or identifying information is never used.

FEES/APPOINTMENTS/CANCELLATIONS:

Standard individual sessions are 50 minutes (\$200), and couple sessions are 90 minutes (\$300), payable at each session unless we have made other arrangements. At times I may offer a lesser fee in order to accommodate your ability to pay. I accept credit cards, Venmo, Zelle, Paypal, cash, or checks. Please make checks payable to Tracey Harvey, PhD.

We will decide on a specific day and time for your session(s) together. I will set the time aside for you and will not give your time to anyone else. To avoid paying for missed sessions. I require 24 hours advance notice if you cannot keep your appointment. Of course, allowances will be made for illnesses, serious emergencies, and vacations. If you cannot attend a session for any other reason, I will try to reschedule you for that week.

Deciding the best course of treatment is a decision that should be made between you and me. So that an insurance company does not influence such decisions, I have chosen not to be an in-network provider for any carrier. This further protects my clinical independence and your confidentiality.

As a licensed marriage & family therapist, my services are covered under most insurance plans for which you can utilize out-of-network coverage. Should you wish to bill your insurance, I will provide you with monthly statements ("superbills") with the necessary information to seek reimbursement. You may want to consult your insurance provider as reimbursement rates vary from plan to plan and may change based on the diagnosis.

Any unpaid fees for over 60 days are subject to legal action, which may involve hiring a collection agency or going through small claims court.

CLIENT RIGHTS AND RESPONSIBILITIES:

In addition to your right to confidentiality, you have the right to end your therapy at any time, for whatever reason, without any obligations except for the fee already incurred. You also have the right to question any aspect of your treatment and expect that I will maintain professional and ethical boundaries with you, not entering into any personal, financial or professional relationships with you which could compromise the therapeutic relationship.

Please sign this consent form for treatment, indicating that you have read, understood, and agreed to the above.

Name of client(s)_____

Signature of client(s)_____

Date_____

General Information

1. Name: _____ **DOB:** _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home: _____ Work: _____

Email address: _____

Do you have any current or past medical conditions? _____ No _____ If Yes, please explain:

Do you have any current or past mental health conditions? _____ No _____ If Yes, please explain:

Are you currently taking any medications? _____ No _____ If Yes, please list:

How would you rate your physical health? _____

Do you consider yourself to be spiritual or religious? _____ No _____ If Yes, please explain:

Are you currently employed? _____ No _____ If Yes, what is your current employment situation:

2. Name: _____ **DOB:** _____

_____ *Check if address is the same*

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home: _____ Work: _____

Email address: _____

Do you have any current or past medical conditions? _____ No _____ If Yes, please explain:

Do you have any current or past mental health conditions? _____ No _____ If Yes, please explain:

Are you currently taking any medications? _____ No _____ If Yes, please list:

How would you rate your physical health? _____

Do you consider yourself to be spiritual or religious? _____ No _____ If Yes, please explain:

Are you currently employed? _____ No _____ If Yes, what is your current employment situation:

Couples Questionnaire
(fill out separately)

The following is a list of areas that can bring couples closer together or lead to disagreements. Please rate each on a scale of 1-10, with 10 bringing the most satisfaction/happiness and 1 bringing the most dissatisfaction/unhappiness:

1. Communication_____
2. Handling family finances_____
3. Moodiness/emotionality/anger_____
4. Household tasks_____
5. Sexual relationship_____
6. Trust or jealousy_____
7. Drugs or alcohol_____
8. Other addictive behavior_____
9. Career/job decisions_____
10. Dealing with in-laws/parents/relatives_____
11. Children or parenting_____
12. Goals, priorities, major life decisions_____
13. Religion/spirituality_____
14. Demonstration of affection_____
15. Appropriate behavior/dress_____
16. Technology (social media, internet, TV, games, etc)_____
17. Recreational/leisure time together_____
18. Other:_____

Circle the numbers of the 3 most important areas that you would like to work on

19. Overall satisfaction with your relationship_____
20. Please rate your commitment to your relationship_____

Credit Card Authorization Form

Client Name: _____

Cardholder Name: (if different than client) _____

Billing Address: _____

City _____ **ZIP** _____

Credit Card Type: _____ Visa _____ Master Card _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Security Code (CVS, the last 3 numbers on the back of card) _____

I authorize Tracey E. Harvey, LMFT to charge the agreed upon amount to my credit card provided herein. I understand that my card will be billed the day of the session, including days of missed sessions and/or cancellations, within 24 hours' notice, as explained in the Consent for Treatment. I agree to pay for this amount in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

Date: _____

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