

Christine Brown, LMFT

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INFORMED CONSENT TO TREATMENT

Welcome to my office. I am honored that you have chosen me to assist you. Please carefully read the following as it provides important information regarding your treatment. You are welcome to ask me any questions that you may have regarding its contents.

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. I seek to provide an environment which enhances your understanding of yourself, as I believe people can and do make important and positive changes based on growing self-awareness and the process of acquiring it. During the course of therapy, your life and relationships may change in ways you do not foresee at this time. Based upon the information that you give me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe you and I are partners in the therapeutic process and as such you have the right to agree or disagree with my recommendations. I will 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 client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

About Fees and Insurance

The fee for my service is \$115 per session; sessions are 50 minutes in length. Fees are payable at the beginning of session by cash or check. If for some reason you find that you are unable to continue paying for your therapy, please inform me and we will consider any options that may be available to you at that time. If you request it, I will provide you a superbill that you can submit to your insurance company for reimbursement.

About Confidentiality

All communications between us 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, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, **it is important that you know that I utilize a “no-secrets” policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, I am permitted to use information obtained in an individual session that you may have had with me, when working with other members of your family. Please feel free to ask me about this “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 client presents a serious danger of physical violence to another person or when a client 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 client that the FBI sought or obtained the items under the Act.

About Minors and Confidentiality

Communications between therapists and clients 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, in the exercise of my professional judgment, I may discuss the treatment progress of a minor client 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 with me.

