

**Fiona Steele, M.A., L.M.F.T.**

11340 W. Olympic Blvd., Suite 310

Los Angeles, CA 90064

(310) 804-2813

License #MFT 20388

**OFFICE POLICIES, INFORMED CONSENT & CONSENT FOR TREATMENT**

**THERAPIST-CLIENT RELATIONSHIP:** A strong and trusting therapeutic relationship is critical in producing the most successful results in treatment. From time to time, misunderstandings or miscommunications are likely to happen. It is very important that both the Client and the Clinician recognize the importance of speaking directly to problems, concerns or misunderstandings right away. This process provides a healing experience as we learn to listen to each other actively and communicate with openness and respect.

**COMMITMENT TO TREATMENT GOALS:** The Client and Clinician work as partners to master the defined agreed-upon treatment goals. Fiona Steele, LMFT commits to employ professional skills to most effectively address the Client's treatment goals. She will also honestly inform the Client when there is an issue that does not fall within her skill set or scope of practice and will make diligent efforts to assist in finding the expertise needed to meet those goals. Therapy is an active process that requires effort, homework and practice. Clients need also to commit to develop the new skills and understandings needed to meet their treatment goals.

**THERAPIST AVAILABILITY/EMERGENCIES:** Fiona Steele, LMFT maintains a confidential voice mail system that allows Clients to leave a message at any time. Every effort will be made to return calls within 24 hours (or by the next business day), but she cannot guarantee the calls will be returned immediately. Calls made Friday-Sunday will generally be returned the following Monday. In non-emergency situations, if an in-person session is not possible, a phone session may be appropriate, and the Client will be charged the usual session fee. There is no 24-hour crisis service. In the event that a Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency facility.

**RISKS & BENEFITS OF THERAPY:** Psychotherapy is a process in which the Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change, reducing identified symptoms and/or removing barriers to living life more fully. It provides an opportunity to deeper understanding of oneself, as well as, any problems or difficulties a Client may be experiencing. Psychotherapy is a joint effort between Client and Clinician. Progress and success may vary depending upon the particular problems or issues being addressed, trauma history, as well as many other factors. Participating in therapy may result in a number of benefits to a 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 a Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings including sadness, anger, fear and anxiety among others. There may be times in which the therapeutic process will challenge a Client's perceptions and assumptions, and offer different perspectives. The issues presented by a Client may result in unintended outcomes, including changes in personal relationships. A Client needs to be aware that any decision on the status of his/her personal relationships is under the responsibility of the Client. During the therapeutic process, some Clients find that they feel worse before they feel better. This can be part of a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. A Client needs to address any concerns he/she has regarding his/her progress in therapy with his/her Provider.

**PROFESSIONAL CONSULTATION:** 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 consultation the Therapist will not reveal any personally identifying information regarding Client.

**CONFIDENTIALITY:** Currently, both law and professional ethics require therapists to maintain complete confidentiality in the vast majority of cases. In these cases, the Therapist cannot release any information about you without your written permission. However, there are some exceptional circumstances in which therapists are required to communicate information about your therapy to external sources. These exceptions are as follows:

- The Client presents a clear and present danger to him/herself and refuses to accept appropriate treatment.
- The Client communicates to the Therapist a threat of physical violence against a clearly identified victim or the Therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The Client introduces his/her mental condition as a defense in a legal proceeding.
- The Client initiates legal action against the Therapist.
- The Therapist has grounds to believe a child under the age of 18, or an elderly person (over age 60), or a handicapped adult has been, or is at risk of being abused or neglected.
- The Therapist has reason to believe a healthcare professional has engaged in professional misconduct.
- A judge orders the Therapist to release client information. It should also be noted that insurance companies reimbursing mental health services require information about these services. Therefore, if you are using insurance to pay for treatment, information may be released to your insurer.

**RECORDS & RECORD KEEPING:** The Clinician may take notes during session, and will also produce other notes and records regarding Client's treatment. These notes constitute the Therapist's clinical and business records, which by law, the Clinician is required to maintain. Such records are the sole property of Fiona Steele, LMFT. All HIPAA regulations and professional standards will be adhered to. The Client's records will be maintained for seven years following termination of therapy. However, after ten years, the Client's records will be destroyed in a manner that preserves the Client's confidentiality. If you have any questions regarding records, please ask your Therapist.

**FINANCIAL POLICIES & PAYMENTS:** The Client/Responsible Party is expected to pay for services at the time services are rendered. Cash, checks and debit/credit cards, PayPal are accepted. Fees do need to be periodically adjusted and the Client/Responsible Party will be notified of any fee adjustment in advance.

**CANCELLATION POLICY:** Since scheduling an appointment involves the reservation of time specifically for you, a minimum of 24 hour notice is required for rescheduling or cancelling an appointment. In the case of illness or unexpected emergencies that arise within at least 24 hours of your appointment, the Therapist may be able to offer either a phone session during your time or an alternative available appointment within the week. If your Therapist is not available, the full fee will be charged. Repeated rescheduling or cancelling of appointments can significantly compromise treatment and your commitment to treatment may need to be discussed.

**TERMINATION OF THERAPY:** Clients are free to terminate therapy at any time, but please discuss your desire to end treatment in advance with your Therapist. It is generally recommended that the Client participate in at least one, or 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 and create a plan for continued growth after treatment. Fiona Steele, LMFT will also attempt to ensure a smooth transition to another Therapist by offering referrals to the Client. Reasons for termination include, but are not limited to, a mutual decision by Client and Therapist that alternative treatment is in the best interest of the Client, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, untimely payment of fees, the Client needs are outside of the Therapist's scope of competence or practice, or the Client is not making adequate progress in therapy.

**PSYCHOTHERAPIST-CLIENT PRIVILEGE:** The information disclosed by the Client, as well as any records created, is subject to the Psychotherapist-Client privilege. The Psychotherapist-Client privilege results from the special relationship between a Clinician and Client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-client privilege. Typically, the Client is the holder of the Psychotherapist-Client privilege. If your Clinician receives a subpoena for records, deposition testimony, or testimony in a court of law, Fiona Steele LMFT will assert the Psychotherapist-Client privilege on the Client's behalf until instructed, in writing, to do otherwise by the Client or Client's Representative, within the limits of the law. A Client needs to 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. A Client may address any concerns he/she might have regarding the Psychotherapist-Client privilege with his/her attorney.

**CLIENT LITIGATION:** The Clinician will not voluntarily participate in any litigation, or custody dispute in which the Client and another individual, or entity, are parties. The Clinician has 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. Fiona Steele, LMFT will generally not provide records or testimony unless compelled to do so. Should she be subpoenaed, or ordered by a court of law to appear as a witness in an action involving the Client, the Client agrees to reimburse the Clinician for any time spent for preparation, travel, or other time in which the Therapist has made herself available for such an appearance at the Therapist's rate of \$200 per hour.

**COMMUNICATION:** Email and/or text message communication will not be used to communicate individual medical information without prior written release. Email and text communication is restricted to the following uses:

- Scheduling appointments (including rebooking and cancellation).
- Providing practice policies and protocols (e.g. privacy policy, referrals, etc.).
- Providing general educational and health promoting electronic documents, resources, and links.
- Providing newsletters and information on upcoming events.
- Brief supportive contact between Therapist and Client when appropriate.
- Fiona Steele, LMFT uses the web service Doxy.me, which is HIPAA compliant, for on-line sessions.  
(As with any on-line/phone session, the Client understands that absolute privacy cannot be assured.)

**ACKNOWLEDGEMENT OF AGREEMENT/INFORMED CONSENT:** By signing this document, I acknowledge that I have read, reviewed and fully understand the terms and conditions of this agreement. I have discussed this agreement with my Therapist, Fiona Steele, LMFT, and have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this agreement and consent to participate in services. Moreover, I agree to hold Clinician free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Fiona Steele Signature \_\_\_\_\_

Date \_\_\_\_\_