

# **Informed Consent**

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## **CONFIDENTIALITY**

All information that you share with me will be held in confidence. I will not release any information to any agency or person without your consent, except under the following conditions

- If you threaten suicide or pose other danger to yourself
- If you threaten homicide or other serious physical harm to another person or property
- If there is a reasonable suspicion of child abuse, elder abuse or dependent adult abuse
- If necessary to comply with a court order or subpoena

I am willing to communicate with you via cell phone, text and/or email, however, due to technological limitations, there is no assurance regarding the confidentiality of those communications.

## **FEES**

My fee for psychotherapy is \$150 per approximately 50 minute session. Evening sessions (after 5pm) are \$175. Sessions are scheduled for this length of time and you may be charged for any additional time. I expect occasional telephone contact and do not charge for it. I will charge fees if the frequency and/or length of phone calls (10+ minutes) becomes an issue.

## **PAYMENT**

Full payment is expected at each therapy session. I accept cash or check. Having your check filled out in advance will save time in the session. A service charge of \$25 will be added for a check returned by the bank for any reason. If you intend to utilize insurance benefits, you are responsible for submission of the claim to the insurance company and for payment of my entire fee. I will provide a "superbill" if necessary. I am not a designated provider for any insurance companies.

## **APPOINTMENTS AND CANCELLATIONS**

When a session is scheduled, I reserve that time for you. If you do not show up for your appointment, no one else can use that time. An appointment which is missed or cancelled without 24 hours prior notice, shall be billed at the full fee and must be paid promptly.

## **AVAILABILITY**

I usually am not immediately available to answer the telephone. Please leave a message on my voicemail. I make every effort to return the call on the same business day. If you are having an immediate crisis, contact your local mental health center, the police, the emergency service of your local hospital, or call 911. I will return your call as soon as possible.

## **CONSULTATION**

If I make reports, appearances, and/or consultations on your behalf to other persons or agencies, I charge an appropriate fee.

## **PROCESS AND QUESTIONS**

The first few sessions will involve history taking and evaluation. This can last from one to five sessions. During this time, we both decide if I am the best professional to provide the services you need in order to meet your treatment goals. You have the right to terminate treatment at any time. If either of us believes it is not in your best interest to continue working with me, termination will occur and I will provide you with referrals. It is natural for strong feelings to arise during the therapeutic process. You may experience anger, frustration, and/or curiosity regarding my course of action or process. It is important for us to discuss these issues whenever they occur. This honesty is essential for therapy to be effective and will help me to deal directly with your needs. I encourage you to bring up pressing issues early enough in the session so that we can work on them in the session. If you have concerns, complaints or expectations that are not being met, please address these issues with me.

## **CONSENT TO TREATMENT**

I consent to evaluation and treatment as determined by Jennifer L. Trestik, MA, LMFT and myself. I acknowledge that no guarantees have been made to me regarding the result or outcome of evaluation and treatment. I fully understand and accept all the terms and conditions of this document.

Client's signature \_\_\_\_\_ Date: \_\_\_\_\_  
(or parent/guardian if client is a minor)

Printed name \_\_\_\_\_

Therapist's Signature \_\_\_\_\_

Clients address: \_\_\_\_\_

\_\_\_\_\_

Clients Phone Number: \_\_\_\_\_

Clients email address: \_\_\_\_\_