

Joyce E. Smith, M.A., LMFT
Licensed Marriage and Family Therapist
Informed Consent & Agreement For Services

(Please print all answers)

Name _____
Last First Middle

Date _____ Birthday _____/_____/_____

Address _____/_____/_____
Street & Number City State Zip

Home Phone _____ Cellphone _____

Work Phone _____ Fax Number _____

Email Address _____

Yes No

		My therapist may call me or leave messages at my home.
		My therapist may call me or leave messages at work.
		My therapist may call me or leave messages on my cellphone.
		My therapist may call me or leave messages on my other phone.
		My therapist may communicate with me by email.
		My therapist may send faxes to me.
		My therapist may send mail to me at my work address.

Name of Person Consenting to Treatment/Relationship to Client _____

_____/_____/_____

Home Phone

Cell Phone

Work Phone

Emergency Contact/Relationship to Client _____

_____/_____/_____

Home Phone

Cell Phone

Work Phone

Client History

1. Are you currently or have you ever taken any medications? () Yes () No

If yes, please list all medications and what dosage: _____

2. Have you previously been in therapy? () Yes () No

If yes, please list when and for how long you received treatment: _____

3. Have you or anyone in your family ever struggled with any addictions? () Yes () No

If yes, please explain: _____

4. Have you or anyone in your family every experienced emotional/sexual/physical abuse?

() Yes () No If yes, please explain: _____

5. Have you or anyone in your family ever been arrested? () Yes () No

If yes, please explain: _____

6. Have you or anyone in your family ever been divorced? () Yes () No

If yes, please explain: _____

7. Have you or anyone in your family ever had a serious medical condition? () Yes () No

If yes, please explain: _____

8. Are there any other traumatic events you or your family have experienced? () Yes () No

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 this therapist any questions that you may have regarding its contents. This form is to authorize, request, give permission for, and consent to psychotherapy services for the practice of Joyce E. Smith, Licensed Marriage and Family Therapist, MFC #50195.

Information About This Therapist

At an appropriate time, I will discuss my professional background with you and provide you with information regarding my experience, education, special interests, and professional orientation. You are free to ask questions at any time about my background, experience and professional orientation. There is also information available at www.joycesmithmft.com.

Fees and Insurance

The fee for service is \$250 per individual adult, couple or family session (unless otherwise arranged) for approximately 90 minutes in length.

Fees are payable at the time services are rendered. I am not a contracted provider for your insurance company, meaning I work on a fee for service basis. Please discuss with me any questions or concerns you may have about this. If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you to consider any options that may be available to you at that time. Fees are subject to be re-evaluated every six months or if there is a change in your financial circumstances.

Confidentiality

All communications between you and I are 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. 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 him or her, when working with any other members of your family. Please feel free to ask me about my “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.

Understand that email, texts, and even phone exchanges are not guaranteed to be confidential, even despite good efforts by this therapist (e.g., using a pass code, etc.). By using these means of communication, you acknowledge there can be risk to your privacy.

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 judgement, 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 the topic with me.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week, at the same time and day if possible. I 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 me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for the missed session. *If using a superbill, please understand that your insurance company may not pay for missed or cancelled sessions.

Therapist Availability/Emergencies

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

You may leave a message for me at any time on my confidential voicemail. If you wish me 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 workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by my 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.

These following resources are available in the local community to assist individuals who are in crisis: Suicide Prevention Hotline: (877) 727-4747 and (310) 391-1253 Psychiatric Emergency Treatment (PET team): (818) 598-6900 Shelter Availabilities: 211 (24 hours a day, 7 days a week) or (818) 501-4447

Domestic Violence Help: (800) 364-1555

Therapist Communications

Phone and email are the primary modes of communication between sessions. Non-urgent messages are returned during normal workdays (Monday through Friday) within 24 hours. Weekend calls or emails may be returned within 24 hours or on the next working day. I do not communicate via texts or through Internet networking sites. Unless otherwise agreed, texting is generally not a mode of communication I use in our therapeutic relationship. Please understand that I also do not interact with clients on Internet networking sites (examples include but are not limited to LinkedIn and Facebook). For your therapeutic benefit and feeling of safety, therapeutic boundaries are of utmost importance both during and after your treatment.

Physical Health and Referrals

Your physical health can have profound influence on your emotional well-being. For this reason, you are strongly encouraged to follow up on referrals for any additional services discussed. You are urged to have a physical examination to rule out any physical conditions causing or exacerbating your current emotional state. Similarly, it is your responsibility to keep current with your physical condition by receiving medical checkups and/or care. The standard of care for some diagnoses may strongly recommend you to have regular checkups with your doctor. If you are not willing to work with professionals, this therapist may not be able to supply you with the treatment you need in an outpatient psychotherapy setting. Therefore, if the therapy is not making required progress, I may choose to terminate the relationship and refer you to other sources of psychological or psychiatric care to help you to obtain different or higher level of care than the therapist can provide. Please inform this me of any changes in your medications, especially psychotropic medications.

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that you and I are partners in this therapeutic process. You have the right to agree or disagree with this my recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Please note that the process of therapy has many levels and can bring to light or exacerbate an issue(s) or uncomfortable feelings - meaning that sometimes "it may feel worse before it can start to feel better."

Due to the varying nature and severity of problems and individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Clients Litigations

I do not participate in client's legal proceedings as an advocate for a client. My policy is to not communicate with or write letters on behalf of the client to the court or lawyers for the purposes of a client's litigation.

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 me. I 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 I determine that you are not benefiting from treatment, either of us 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.

Your signature indicates that you have carefully read this agreement, Informed Consent and Agreement for Services and understand its contents. If you are signing to consent for treatment of a minor client, you acknowledge that you have the legal right to authorize such treatment.

Please ask me to address any questions or concerns that you have about this information before you sign.

Name of Client (please print)

Signature of Client

/ /
Date

If applicable - Name of Parent (please print)

Signature of Parent

/ /
Date

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