

**Phil LeBlanc, LMFT**  
**Informed Consent for Therapy Services**

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us.

**Psychotherapy Services**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Appointments**

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you may be required to pay for the session [unless we both agree that you were unable to attend due to circumstances beyond your control]. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

**Confidentiality**

Your therapist will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your therapist may consult with a supervisor or other professional in order to give you the best service. In the event that your therapist consults with another professional, no identifying information such as your name would be released. Therapists are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children, the elderly, or dependent adults. If your therapist receives a court order or subpoena, they may be required to release some information. In such a case, your therapist will consult with you to determine if you wish to waive or assert privilege. Your therapist will also consult with other professionals and limit the release to only what is necessary by law.

**Confidentiality and Technology**

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via Skype, telephone (including voicemail), email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your therapist will take every precaution to safeguard your information but cannot guarantee that

unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions. .

### **Record Keeping**

Your therapist may keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in the therapist's office.

### **Professional Fees**

You are responsible for paying the agreed to fee at the time of your session unless prior arrangements have been made. Payment may be made by check, cash, or credit card. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

### **Insurance**

If you have a health insurance policy, it may provide some coverage for mental health treatment. We are unable to bill insurance but I will supply you with a receipt of payment for services, which you can submit to your insurance company for possible reimbursement.

### **Contacting Me**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

### **Consent to Psychotherapy**

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Printed Name of Client or Personal Representative

Date \_\_\_\_\_

Description of Personal Representative's Authority: \_\_\_\_\_

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