

**CAROL A. KAYE, M.A., M.F.T.**

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**INFORMED CONSENT**

**THE THERAPY PROCESS:**

Psychotherapy is not easily described in a few sentences. Although psychotherapy has been shown to be helpful for many issues, there are no guarantees about treatment outcomes or what you will experience. When exploring issues in treatment, you may feel discomfort, anger, sadness and anxiety as well as joy and relief. Addressing issues among family members can also lead to discomfort and may result in changes that were not originally intended. I encourage you to discuss any uncomfortable thoughts and feelings with me as they arise during the course of treatment.

**CONFIDENTIALITY:**

In general, all communications between a therapist and a client is confidential, protected by law and may not be revealed without your written permission. Confidentiality also protects children and adolescents. However, there are a few exceptions in which I am legally obligated or permitted to break confidentiality. Please review these exceptions carefully and ask me any questions at your first session or as soon as they arise during the course of treatment.

**EXCEPTIONS TO CONFIDENTIALITY:**

State law requires that all mental health workers must report child abuse, elder and dependent adult abuse, and serious threats of physical violence to another person. These laws apply whether or not I believe that making a report is in the best interest therapeutically. Also, all mental health workers are required to take whatever steps are necessary to prevent a threatened suicide, including breaking confidentiality. On occasion, it may be beneficial to your situation that I consult with other professionals about your case. During such a consultation, I make every effort to protect your identity. The consultant is also legally obligated to keep the information confidential. When therapeutically indicated, I will make every reasonable effort to discuss my course of action with you prior to breaking confidentiality.

**FAMILY AND COUPLES THERAPY:**

In couple or family therapy, the relationship or the family is the client, and each individual is not considered a separate client. Therefore confidentiality and privilege do not apply between the couple or among family members and I will use my clinical judgment when revealing such information. I will not release any information or records to any outside party unless I have signed authorizations from each member of the couple or all adult family members in treatment. Unless otherwise arranged beforehand and agreed to by both/all parties, there will be no session unless both/all members are present. Also if one person is late, then the session will not begin until everyone is present.

**Initials (Pg 1 of 2)\_\_\_\_\_**

**PAYMENTS AND INSURANCE REIMBURSEMENT:**

The standard fee of \$ 150.00 per 50-minute session is due at the time of service, unless other arrangements have been made. Payments are accepted in cash, check or by credit/debit card. I do not accept insurance (except Health Net/MHN), but if requested will provide a bill that you may submit to your insurance carrier for possible reimbursement. In addition, telephone sessions, site visits, report writing /reading, photocopying records and consultations with other professionals will be charged at the same rate, unless indicated and agreed otherwise. If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

**TELEPHONE AND EMERGENCY CONTACT:**

Please feel free to contact me between sessions if necessary. In non-emergency situations I will make every effort to return your call within 24 hours. If an emergency arises, please state the urgency and I will return the call as soon as reasonably possible. Please be sure to leave your contact information. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911.**

**TERMINATION OF TREATMENT:**

You have the right to terminate treatment at any time. However, I invite you to discuss this decision and if possible have a final session so we may review our work together. I will offer to provide you with names of other qualified professionals in order to ensure a smooth transition of your care. Therapists also have the right to terminate therapy under certain circumstances that include but are not limited to, failure to comply with treatment recommendations, untimely payment of fees, conflicts of interest or issues that are outside of my scope of competence or practice.

**NOTICE TO CLIENTS:**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov) or by calling 916-574-7830.

**APPOINTMENTS AND CANCELLATION POLICIES:**

It is important during the therapeutic process to keep your regular appointments in order to increase the likelihood of therapeutic gains. The appointment time is arranged specifically for you. Except in the case of an emergency, I request a 24-hour advance notice to avoid charging the full fee for a missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

I (client(s) named) below have read, understood and accepted the information, terms and conditions herein.

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Client Name (print)	Date	Signature
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Client Name (print)	Date	Signature
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