

Partners Informed Consent - Required

Partners Informed Consent for Services

I look forward to working with you and want to offer you some important information about the services that you will receive. This consent form will provide a clear framework for our work together and the potential risks and benefits of these services.

Relationship therapy works best when the focus of my work is on your relationship. When working with you, it is expressly understood that my patient is your relationship. In order to maintain fidelity to you and to your relationship, I ask for your consent on the following agreements.

1. Practice Information: This is an individual therapy practice owned and operated by myself, Jennifer Robertson, LPCC, NCC. I hold a Licensed Professional Clinical Counseling license (LPCC) #13787 with the California Board of Behavioral Sciences and a National Certified Counselor (NCC) #1547052 designation from the National Board for Certified Counselors.

2. Confidentiality: As your therapist, all communication between you and myself will be held in strict confidence unless you provide written permission or verbal consent to release information about your treatment. I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said to me in any way that identifies you without your written permission.

However, there are exceptions to confidentiality. In the following instances, your right to confidentiality must be set aside as required by law:

- a. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
- b. If I have reason to believe that a client poses an unavoidable and imminent danger of violence to another person, I must warn the intended victim and notify the proper authorities.
- c. If you, as a client, reveal a clear and imminent intent to harm yourself, I am ethically bound to do what I can to help maintain your safety, which may involve notifying others who may be of assistance.
- d. If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, I might be required to release your confidential information to the court.
- e. If you are using EAP / Insurance, I have to release certain data to file claims for payment. The EAP / Insurance also has a right to review your files.

However, your confidentiality remains an ethical priority, and in all of the above cases, I will release only the necessary information to carry out my responsibilities.

To provide the best possible service to my clients, I regularly consult with other licensed professionals for additional therapeutic perspectives. In these consultations, I will protect your anonymity. Unless you object, I will not notify you of these consultations unless I feel it is crucial to our work together.

3. No Secrets Policy: When partners enters into counseling, it is considered to be one unit. This means that my allegiance is to the partners "unit," and not to any partner as individuals. I find this is particularly important in creating a space where partners can feel safe. Therefore, I adhere to a strict "No Secrets" policy. This means that I will not hold secrets for any partner. This policy is intended to allow me to continue to treat partners by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated.

On occasion during the counseling process, individual partners may be seen for an individual counseling session. In this case, the individual session is still considered part of the partners' counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the partners. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the partners' session, I may determine that it is necessary to discontinue the counseling relationship with the partners. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the partners/marital counseling relationship.

4. Risks and Benefits of Therapy: Psychotherapy is a process in which you and I discuss a variety of issues, events, experiences, and memories for the purpose of creating positive change in your life and often resulting in the ability to live your life more fully. It provides an opportunity to better and more deeply understand oneself and any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, 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.

There is also no guarantee that therapy will yield any or all of the benefits listed above. Progress and success may vary depending upon the particular problems or issues being addressed, as well as your participation. Psychotherapy is a joint effort between you and the therapist. Benefits often require substantial effort on your part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors.

Personal growth and change may be easy and swift at times, but sometimes may also be slow and frustrating. There may be times when I will challenge your perceptions and assumptions and offer different perspectives. Participating in therapy may involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. Therapy often includes focusing on and talking about unpleasant or painful issues. The process may evoke strong feelings of sadness, anger, fear, etc. It is not uncommon for some clients in therapy to briefly feel worse before feeling better, especially when working through past trauma.

The positive changes you make as a result of therapy may also have unintended outcomes, including changes in personal relationships. For example, if you want to work on improving your boundaries, this is likely to upset people who are used to ignoring your boundaries. You should be aware that any decision on the status of your relationships is your responsibility.

Please know that a lack of success with one therapist does not mean you will not be successful with a different therapist; the relationship between counselor and client is a key component of the outcome. Some therapist/client "fits" are better than others. Therefore, you may get significantly different results with two different therapists. I will not accept a client I do not believe I can help, but if we find that you are not making the progress we want, I will help you find another therapist who may be a better fit for you. Should you have concerns about your progress, please addresses them with me.

5. Appointments: Sessions are typically scheduled once per week and are 50 minutes long. I may suggest a different frequency of therapy sessions depending on the nature and severity of your concerns.

Your appointment time is reserved for you. Cancellations must be made 24 hours in advance; otherwise, you are responsible for the full session fee. Cancellation notices should be sent through email (JR@JenniferLRobertson.com) or through Simple Practice messaging app or website. I will make every effort to reschedule you during the same week if possible; however, I cannot guarantee that this option will always be available. Regular attendance is recommended to ensure continuity of services and to enhance the effectiveness of the therapy.

I will notify you of any intended vacation leave at least two weeks in advance. However, I reserve the right to cancel a session without two weeks' notice in emergency cases. I will provide as much advanced notice as possible.

If I am incapacitated or have died, I have a professional will. Another therapist will contact you with this news and provide my recommended referrals.

6. Professional Fees and Payments: My customary fee is \$180 per session. You and I will discuss and establish our fee at the outset of treatment, and any fee change will be negotiated in good faith. Payment is expected at the time of each session.

Should you wish to bill your insurance company for reimbursement, I will provide you with a superbill/billing statement for that purpose at the end of the month upon your request. Please be aware that insurance companies require a diagnosis for payment and that they can request access to your medical records at any time. I will be happy to discuss this matter with you should you be interested.

Fees are re-evaluated on an annual basis for the business at a minimum. Should there be a fee increase, you will be given a 60-day notice and/or be informed via the Good Faith Estimate.

All payments are made automatically through Simple Practice. A credit/debit card is required prior to scheduling a session. In general, it is important to discuss with me any issues that arise in connection with our financial arrangements so that they do not hinder the working relationship.

7. Telephone Accessibility: I am not usually immediately available by telephone and will neither answer calls nor return calls before 9 am or after 6 pm. I do monitor my messages and will make an effort to return your call within 24 to 48 hours, with the exception of holidays. If you are difficult to reach, please leave some times when you will be available.

I am unable to provide 24-hour crisis service. Should you have a clinical emergency that requires immediate attention or action, please call the numbers below or call 911 or go to the nearest emergency room.

Los Angeles Specific Crisis Numbers:

Didi Hirsch Suicide Prevention Hotline: 877-727-4747

Access Center/Psychiatric Mobile Response Unit (PMRT): 1-800-854-7771

Crisis Text line: Text "LA" or "HOME" to 741741

Substance Abuse Service Helpline: 844-804-7500

211 LA County: Dial 211 within Los Angeles County

California:

California Warm Peer Line: 855-845-7415

National Specific Crisis Numbers:

Trevor Project Lifeline: 1-866-488-7386

National Suicide Prevention Lifeline: 1-800-273-8255

Trans Lifeline: 1-877-565-8860

North West Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse: 206-568-7777

National Domestic Violence Hotline: 1-800-799-7233

I do not charge for initial telephone consultations that are less than 15 minutes. If the nature of the call cannot be resolved within this time, I will make an effort to offer a paid session to discuss the issue further. Current client phone consultations longer than 15 minutes will be pro-rated based on your hourly fee. Should it become apparent that additional sessions are indicated, you and I will talk about increasing the number of weekly sessions or discuss whether or not a referral to a service that provides more assistance is needed.

8. Communication by Email, Text, and Other Non-Secure Means: Online forms of communication are encouraged only for scheduling purposes. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a chance that a third party may be able to intercept and eavesdrop on those messages.

If you are concerned about that possibility, please consider the option to encrypt our emails. For example, if you use Gmail, you are able to send password-protected emails unlocked with an SMS passcode when entering the recipients' mobile number.

For secure means of communication, you can call, text or leave a voice message at 310-400-6531, email JR@JenniferLRobertson.com, or send a message through the client portal found at: https://secure.simplepractice.com/users/sign_in

I am not usually immediately available for communication and do not answer before 9 am or after 6 pm. I monitor my email, Simple Practice messages and texts frequently and will make every effort to return your message within 24 to 48 hours, with the exception of holidays.

9. Technology-Assisted Counseling (TAC): As part of my private practice, we may engage in telehealth services during any or all of our work together, including phone or video sessions and general contacts. At the beginning of every TAC session, I am legally obligated to verify your identity and address of your present location. Your location is needed in case of emergency.

I use secure HIPAA-compliant software for video sessions, but it's important to know that there are always risks to using this technology. This includes, but is not limited to the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons, and the electronic storage of my medical information could be accessed by unauthorized persons.

There is also the risk of being overheard. Your responsibility is to create an environment on your end that is not subject to the unexpected or unauthorized intrusion of your personal information. You are also responsible for information security on your computer.

You may under no circumstance tape or record sessions or phone contacts without my acknowledgment or permission. Furthermore, no session or portion of a session may be posted or used on any social media or network.

As defined in the state's Standards of Practice for Telehealth (Section 2290.5 of the code) I am required to 'verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.' Please provide this information in the chat at the beginning of each session.

In a lot of ways Telehealth allows us to connect more easily without needing to be within traveling distance from my physical office. Please keep in mind that in most states I am required to have a current license in the state where the client is located at the time of the session. This might limit our ability to meet when you are traveling outside California, the states I am currently licensed.

10. Social Media Policy: I do not knowingly accept friend requests and do not knowingly follow or accept contacts from current or former clients on any social networking site or blog. Accepting these requests can compromise your confidentiality and privacy. It may also blur the boundaries of the therapeutic relationship.

Casual viewing of a client's online content outside of the therapy hour can create confusion regarding information shared by clients online and in sessions. It is also vital that clients decide what information they are ready to share with their therapist. If there are things from your online life that you wish to

share with me, please bring them into the therapy sessions.

It is NOT a part of my practice to search for clients online unless in extremely rare times of crisis. If I have a reason to suspect that you are in danger and have not been in touch via usual means (coming to appointments, phone, email, or I am unable to reach your emergency contact on file) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations, and if I ever resort to such means, I will fully document it and discuss it with you in the next therapy session.

You may find my practice on sites such as Psychology Today, Google Business, Facebook, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Due to confidentiality, I cannot respond to any review on these sites. If you choose to write something on a business review site, you may be sharing revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

11. Termination of Therapy: The length of your treatment and the timing of the end of your treatment depends on the specifics of your goals and the progress you achieve. We will discuss a plan to end therapy as you near the completion of your goals.

I reserve the right to terminate therapy at my discretion. Reasons for termination include but are not limited to the untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, a client is not benefiting from treatment, or a client's needs are outside of my scope of competence or practice.

The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at her or his individual request. You have the right to terminate therapy at your discretion, without any obligation, except for fees already incurred. Upon either party's decision to discontinue therapy, I will generally recommend that you participate in at least one termination session. These sessions are intended to facilitate a positive termination experience and allow both parties the opportunity to reflect on the work that has been done.

I will initiate closing a client's file after 90 days of inactivity. Activity includes therapy sessions or communication through phone, text, or email.

12. Record Keeping: I may take notes during sessions and will also produce other notes and records regarding treatment. These notes constitute my clinical and business records, which I am required to maintain by law. I will not alter my normal record-keeping process at any client's request. Requests for a copy of your records must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records.

Partners must provide their consent to release partners/marital counseling records. If one partner does not provide consent, records will not be released.

I also reserve the right to refuse to produce a copy of the records under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain your records for seven years following termination of therapy. However, after seven years, records will be destroyed in a manner that preserves your confidentiality.

Please note that I store records electronically on a secure cloud service and web-based health record system. The service is HIPAA compliant and has many forms of password protection.

13. Partnership: You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, which would significantly compromise our work together. Entering into anything other than a therapeutic relationship with a client is strictly prohibited by the ethical codes I practice under. We will not have any other roles in each other's lives outside of the client/counselor roles. This boundary continues even after therapy has ended.

Therapy involves a partnership between you and me. As your therapist, I will contribute knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

14. Complaints: If you are unsatisfied or have an issue with anything in treatment, please address your issue to me as soon as you can. I am always happy to discuss ways to better your treatment, and discussing issues openly can help establish a better therapeutic relationship. I am also open to helping you find a therapy referral or other alternatives to counseling if therapy is not right for you.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to The Board of Behavioral Sciences. The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Thank you for reading all of the Informed Consent document. Your signature below indicates that you have read and understood this information, and agree to abide by its terms during our professional relationship. You have the right to withhold or withdraw consent at any time. You understand that if you have any questions regarding this notice, you can contact Jennifer Robertson LPCC (JR@JenniferLRobertson.com).