

Diana Conwell, LMFT, Inc.
Licensed Marriage & Family Therapist, M.S. (MFC # 49952)
Career Counselor, M.S.
Life and Personal Coach

Welcome!

I understand that it is often difficult to get to this point. Seeking professional help for commitment toward change can be a scary process. It is my sincere intention to help you move through your difficulties to achieve your goals. Thank you for taking a few minutes to read and sign the following consent form. Feel free to ask me any questions before signing this form. Please reserve a copy for your records.

Statement of Informed Consent

This agreement is intended to provide clients with important information regarding the practices, policies and procedures of this office, and to clarify the terms of the professional relationship between Therapist, and/or Career Counselor and/or Life Coach and client.

Confidentiality

The information disclosed by the client is confidential and is subject to the psychotherapist-client privilege and will not be released to any third party without written authorization from the client, except when required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

Missed Appointment Policy

Individual and couples therapy appointments are 50 minute sessions and are typically scheduled at a time and frequency that you and I agree upon. ***If you cannot make a scheduled appointment, please call 916.622.4372 to cancel within 48 hours. Missed appointments without 48 hours notice will be charged at your regular session fee due to the time that was reserved for you.***

If you miss your appointment and do not call within 48 hours, there is no guarantee that I will have another available appointment time during that same week. If for some reason you are late, please understand that I must still follow my regular schedule in ending appointments so that I can accommodate other scheduled clients.

Please do not email me regarding an appointment change unless it is at least 48 hours prior to your appointment. Text messages are also accepted, but please state

your name in the communication as I do not store your confidential information in my phone. Note that using your work email address will not provide a confidential site for our communication. If our sessions together include any couple or family work, I will explain my “**No Secrets Policy.**”

Eligibility and Fees

\$145 for Individual Sessions (50 minutes)

\$145 for Career Coaching (50 minutes)

\$160 for Couple’s/Marriage or Family Counseling (50 minutes)

Insurance: Many of my clients are able to use my services though I am considered an **Out-Of-Network** provider. I am happy to provide you with a monthly statement so that you may seek reimbursement from your insurance company. Please check with your insurance provider regarding your coverage.

PLEASE NOTE: Insurance companies require participating therapists to give a diagnostic code of a mental health diagnosis, for every client, regardless of the client’s counseling needs. Please be aware that by asking me to provide information for your insurance company, you are granting permission to share confidential diagnostic information that may affect the privacy of your health care profile and your future eligibility for health insurance.

Risks and Benefits of Therapy

Psychotherapy has both benefits and risks. Overall, therapy often leads to a significant reduction of feelings of distress, as well as facilitating resolution of specific problems and better interpersonal relationships. However, there are no guarantees about what will happen. Psychotherapy varies depending on the personalities of the therapist and the client(s), as well as the particular problem that the client brings to the session.

A number of different approaches in therapy can be utilized to address the issues for which you are seeking my assistance. ***Any approach requires a very active effort on your part, both during therapy sessions and at home.***

The risks of therapy may sometimes include experiencing uncomfortable feelings or recalling unpleasant aspects of your personal history. Sometimes in conjoint therapy, discussions about a relationship can lead to tension or increased conflict between partners or family members as your concerns are addressed. Therefore, you should give this careful consideration if there has been any abuse or violence in your relationship.

The success of therapy, counseling, and/or coaching services is directly dependent on your active participation. This may include short take-home assignments or tasks for you to complete before your next session for efficiency in your progress and continued engagement outside of sessions. Therapy and/or Coaching often includes reinforcement of “key concepts,” derived from your session, that you will be coached to incorporate between sessions.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any information that may personally identify you as my client.

Records and Record Keeping

By law all therapists are required to maintain client records. Such records are the sole property of the therapist. Should you require a copy of your records, please provide me with a written request. Under California Law, I reserve the right to provide you with a treatment summary in lieu of actual records. Under certain circumstances, I also reserve the right to refuse to produce a copy of your records if I feel it is in the best clinical interest of my client.

Please note: this therapist will not voluntarily participate in any litigation or custody dispute in which Client and another individual, or entity, are parties.

Child Abuse

If I have reasonable cause to suspect that a child known to me in the course of my professional duties has been abused or neglected, or have reason to believe that a child known to me in the course of my professional duties has been threatened with abuse or neglect, or that abuse or neglect of the child will occur, I am mandated by law to report this to the relevant law enforcement and/or county department for the welfare of the child.

Serious Threat to Health or Safety

If I have reason to believe, exercising my best judgment and professional skill, that you may cause serious harm to yourself or another person, I will take steps, with or without your consent as allowed by law, to notify or assist in notifying a family member or representative as to the terms of your location and general condition in order to protect you or another person from harm. This may include initiating commitment proceedings.

In an Emergency

In some instances, you might need immediate help at a time when I am not available or cannot return your call. These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else, or thoughts of committing dangerous acts. **If you find yourself in any emergency situation please call 911.** Or, you may call the crisis line and ask to speak with the counselor on call. In addition, you can visit the nearest Emergency Room and ask for the mental health professional on call.

24 HOUR CRISIS LINE (Suicide Prevention): (916) 773-0432
LIFELINE PHONE LINE: 1-800-273-TALK(8255)

Right of Termination

You have the right to terminate your therapy at any time, for any reason. Verbal or written notification is appreciated. If for any reason, you are not satisfied with the services you are receiving, please talk it over with me first to make adjustments to resolve the problem.

PLEASE SIGN THE NEXT PAGE FOR CONSENT FOR TREATMENT OF YOURSELF.

For couples or families, each participant will need their own consent forms.

Keep all pages except the signature page for your records. Please submit the signature page to Diana Conwell, LMFT.

