

AGREEMENT FOR SERVICE & INFORMED CONSENT

Introduction

This agreement is intended to provide you (herein "Client") with important information regarding the practices, policies and procedures of Kathryn J. Diangson (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this agreement should be discussed with the Therapist prior to signing it. Kathryn J. Diangson, licensed Marriage and Family Therapist lic.# MFC 41977 registered with the State of California, earned a Master's Degree in Clinical Psychology from John F. Kennedy University. She is a member of the California Association for Marriage and Family Therapists. Her practice includes treating adults, children, adolescences, couples, and families. Psychotherapists have professional training and you have the right to inquire about my full credential, education, and experience.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so the Client can experience his/her life more fully. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary.

Participating in therapy may result in a number of benefits to the Client, including, but not limited to, reduced stress and anxiety, improved interpersonal relationships, increased comfort in social, work, and family settings, and increased self-confidence. Such benefits require effort on the part of the Client, including an active participation in the therapeutic process. There is no guarantee that therapy will yield any or all of the above benefits.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of the Client. During the therapeutic process, some Clients find that they may feel temporarily worse before they feel better. This is generally a normal course of events. I will work with you to provide the most effective treatment possible. Most clients in psychotherapy experience growth and improvement. However, there is no guarantee. I do commit to work with you in your best interest to ensure positive growth when possible.

Confidentiality

The information disclosed by the Client is generally confidential and will not be released to any third party without written authorization from the Client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, (a) there is reasonable suspicion of past or present child, dependent adult, or elder abuse, (b) when a Client makes a serious threat of violence towards a reasonably identifiable victim, or (c) when a Client is a danger to him/herself or to the person or property of another.

Fee and Fee Arrangements

Fees are established during the first session. The general fee is based on the unit of treatment and length of session. A limited number of reduced fee cases are offered on a sliding scale basis. Special arrangements can be made for on-site visits, extended sessions, or special accommodations. Fees associates with these services will be discussed in advance. Therapist reserves the right to periodically adjust the fee. Client will be notified 30 days in advance of any fee adjustment. Fee is due at the beginning of each session or as otherwise arranged.

Client Fee: _____

Cancellation Policy

Consistency in our work is a key factor to your progress and growth and as such it is important to keep your appointments. If something unforeseen prevents you from keeping your appointment, please leave a message on my voice mail (408) 656-5003. **A 24-hour notice is required to avoid being charged for your regular session fee.**

Forms of Payment / Insurance

Your session fee may be paid in cash or by check. When paying in cash, please have the exact amount as change is not available. When paying by check, please make the check payable to Kathryn J. Diangson. **Note: there is a \$25.00 (twenty five dollar) return check charge for all checks returned by the bank.** If you foresee any complications with your payment, let’s discuss it ahead of time to work out a plan and avoid any returned check charges. Your insurance may cover your fee. If you need information from me in order to obtain reimbursement we can discuss the requirements on a case by case basis. Note: each client is responsible for his or her fees at the time of treatment and then can process any insurance paper work directly with your provider.

Therapist Availability

Therapist maintains a confidential voicemail system that allows the Client to leave a message at any time. Therapist will make every effort to return calls within 24 hours, but cannot guarantee that calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that the Client is feeling unsafe or requires immediate psychiatric assistance, please call Suicide & Crisis Services at (408) 279-3312, or call 911, or go to the nearest Emergency Room.

Termination of Therapy

If Therapist or Client determines that the therapeutic goals are completed, or the Client is not benefiting from treatment, either may elect to initiate a discussion of termination and/or treatment alternatives as needed. Other reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, or the Client’s needs are outside of the Therapist’s scope of competence or practice. Client has the right to terminate therapy at his/her discretion. Upon decision to terminate therapy, Therapist will recommend that Client participate in at least one termination sessions to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done.

Acknowledgement

By signing below, the Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with the Therapist, and has had any questions with regard to its terms and conditions answered to the Client’s satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist.

Client Name (Please Print)

Date

Signature of Client (or authorized representative)

Date

Signature of Therapist

Date