

Coral Compagnoni, LMFT

Licensed Marriage and Family Therapist # 84799

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Client Statement of Understanding & Consent for Treatment

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its content.

1. About the Therapy Process: Therapy is more of an art than a science. It is a process based on a very special partnership between the therapist and the client. It is your therapist's intention to provide services that will assist you in reaching your goals. You have the right to determine your treatment goals, and during the course of therapy you may change or add goals. Based upon the information that you provide and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. The therapist and the client are partners in the therapeutic process. You have the right to agree or disagree with therapeutic recommendations.

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and openness in order to change. Your therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy. During therapy, remembering or talking about painful memories, unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings at times. Attempting to resolve issues that brought you to therapy, such as interpersonal relationships, may result in changes that were not originally intended. Sometimes, a decision that is positive for one family member, is viewed quite negatively by another family member. During the therapeutic process, some clients find that they feel worse before they feel better. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should address any concerns you have regarding your progress in therapy with your therapist. There is no guarantee that psychotherapy will yield positive, or intended, results.

You may get homework assignments for after a session. These may involve such things as reading, writing, discussing, visualizing, doing a specific exercise, or practicing a new behavior. Please make sure you understand each assignment. If you do not remember or understand the assignment when you go to do it, please call your therapist for clarification.

Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy, or to guarantee a specific outcome or result.

2. Therapist's Status: The psychotherapy you will receive will be provided by a Marriage and Family Therapist (LMFT) licensed by the Board of Behavioral Sciences in the State of California (Lic. # 84799). Therapist is a sole practitioner and not part of a group practice. Any other mental health professionals in the same office suite as therapist are unrelated in any business manner, even though they share office space.

3. Consultation: Your therapist may consult with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained. This is done to provide you with the best care possible.

4. Confidentiality & Its Limits: Everything discussed in session will be held in strictest confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all persons in the treatment unit who are competent to execute the release provide their written authorization to release information. **However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family and couples therapy.** This means that if you participate in family and/or couples therapy, your therapist is permitted to use

information obtained in an individual session that you may have had, when working with other members of your family. Please feel free to ask your therapist about the “no secrets” policy and how it may apply to you.

In accordance with state and federal laws, there are instances when your therapist is permitted and/or mandated to break confidentiality without your written consent. The law permits/mandates therapists to break confidentiality and report required information to the appropriate authorities under the following circumstances, or as may be required by a court order:

- 1) When the client is thought to be in danger of committing suicide.
- 2) When there is reasonable suspicion of child, dependent, or elder abuse.
- 3) When the client threatens serious harm to someone. This may be reported to therapist by client or a family member.

5. Confidentiality of E-mail, Texts, & Cell Phone Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. If you would like, your therapist can use text and email for scheduling purposes. It is recommended that texts and emails be brief and limited to scheduling, in order to best protect your confidentiality, and as issues are best addressed in-person during the therapy session. Please notify your therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.

6. Fees: Payment for therapy is due at the time of the appointment. The agreed upon fee per 60-minute psychotherapy session is \$180 for in-office/telehealth sessions, and \$250 for in-home sessions. Acceptable forms of payment are cash, check, or credit card. Please make checks payable to “Coral Compagnoni”. If another party is paying for your treatment (i.e. – your parents or partner), I require a credit card to be on file. Please note that if another party is paying for your treatment, they will be aware of your dates of service and no shows, and they can opt to have a receipt sent to them.

If you require documentation or a letter of some sort, you will be billed at your per minute rate for the time taken to create the requested documentation. Telephone calls between sessions which are of a clinical nature (not administrative) will also be billed at your per-minute rate. As noted below under therapist availability, you are welcome to leave voice messages for therapist, however, please note that if you leave more than 10 minutes of voice messages per week, you will be charged for your therapist’s time (at your per minute rate) for listening to those messages (i.e. – the first 10 minutes is free of charge).

This fee will not be increased within the next 6-months. If the fees are increased after that time and you are still in treatment, you will receive 30 days notice before the increase.

Alternative Fee Agreement: I agree to pay \$ _____ per 60-minute session.

Notes about Alternative Fee Agreement: _____

7. Cancellations & Missed Sessions: Therapist requires 24-hour notice to cancel or reschedule visits. You will be charged for visits that you miss, cancel, or reschedule with less than 24 hours notice. Exceptions are illness, medical emergencies (such as hospitalizations), & natural disasters. Exceptions may also be made at therapist’s discretion.

8. Telehealth: A secure form of telehealth (i.e. – phone or video sessions) may be offered to you if meeting in person is not an option, for example, due to illness, injury, or public health risks/safety. You have a right to decline telehealth services, though that may mean a termination or suspension of treatment if meeting in person is not feasible or appropriate.

Check one:

- I consent to telehealth services under the above conditions.
 I do NOT consent to telehealth services under the above conditions.

