

Alexine Thompson, MS, MFT

MFC # 44440

4529 Angeles Crest, #319

La Cañada, CA 91011

(626) 243-3771

INFORMED CONSENT CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies and how they may affect you. Please read it carefully and make note of any questions you want to discuss with me. Once you sign this document, it will become a binding agreement between us and also provide your consent for us to begin therapy.

Therapy is a unique and highly individual experience with the outcome determined by the effort and motivation you bring to work towards a change in yourself and how you see the world around you. It can result in a number of benefits to you and has the potential to help you gain new or deeper understanding about your issues and learn new ways of coping with and solving them.

However, there is no guarantee that therapy will yield positive or intended results. Because feelings will be explored, you may feel a range of emotions that can be intense and uncomfortable at times. During the course of therapy, some of your assumptions, perceptions or behaviors may be challenged, which can cause you to feel very upset, angry, depressed or disappointed. I encourage you to explore those feelings during our sessions, as they are part of the therapeutic process. In the attempt to resolve issues that originally brought you to therapy, unintended changes in your personal and interpersonal relationships may result.

Our therapeutic relationship is strictly voluntary. At any time during our work together, you have the right to decide to end treatment. If you are thinking about ending therapy, I encourage you to discuss it with me, and if you wish, I will be glad to provide you with the names of other mental health providers. During the course of therapy, if I assess that I am either unable or not effective in helping you reach your therapeutic goals, I will discuss this with you, and if appropriate, terminate treatment. I will provide you with appropriate referrals and assist you in the transition to a new therapist if you so desire.

Meetings

Each session lasts 50 minutes and will begin at the time agreed with you. Typically, therapy sessions take place on a weekly basis, at a mutually agreed time.

Cancellations and Rescheduling

If you need to **cancel or reschedule** a meeting, please notify me by telephoning my office **at least 24 hours in advance** of our scheduled meeting. If you fail to do so **you will be responsible for full payment for the session.**

Keep in mind that insurance companies do not reimburse you for a missed session or a late cancellation.

Fees and Payment

Your session fee is \$125. Payment of this fee needs to be made at the beginning of each session in full unless other arrangements have been made. Please bring your check ready (made payable to Alexine Thompson) so that we can maximize your therapy time. Your session fee may be increased annually. In the event of any fee changes, you will be notified at least 30 days prior to such changes.

If you wish to seek reimbursement for my services from your health insurance company, please contact your insurance company to find out their limits of coverage for mental health services. Once you have done so, I will submit the claims to the insurance company. I must charge my full fee if submitting claims to insurance companies. Insurance companies vary greatly in their coverage of psychotherapy services, so check your policy to make sure that services provided by a licensed Marriage & Family Therapist are covered. You will also want to determine limits of reimbursement and deductibles. If carrier requires a diagnostic code, I will discuss my diagnosis with you before I submit this information.

Additional Fees

Extended sessions and telephone conversations exceeding ten minutes, written reports or evaluations authorized or requested by you, or copying of your file will be charged a fee based on your regular session fee.

If your check bounces, you will be charged an additional fee of \$25.

Contacting me

You may contact me at 626-243 3771. Monday through Friday, I will try my best to reach you within 24 hours of your phone call. On weekends, I will only return calls in the cases of emergency, otherwise I will return calls on Monday. Phone calls are generally limited to 10 minutes, beyond this time you will be charged at a prorated amount of my usual fee

Email Usage

By nature, therapy is confidential. The client can have the confidence that their insights, vulnerable experiences and feelings will not be repeated outside the therapeutic relationship established.

By nature, email correspondence is NOT confidential. Though Internet security measures can be effective, it is never 100% seal proof.

My policy regarding email usage with your therapist is as follows:

- Email correspondence with my therapist is NOT secure
- Email correspondence is NOT a substitute for person-to-person therapeutic treatment. Unless discussed with my therapist in advance and in person, email correspondence will not play a part in my therapy
- My therapist will not respond to my emails in general. Anything stated in an email from me will be discussed in session, and in session only.
- Email correspondence is NOT to be used in the case of an emergency to contact my therapist
- If I need to contact my therapist with something that demands immediate attention, I will do so by voicemail at the following number: **626 243 3771**; or **call 911**
- If it becomes necessary, my therapist will terminate treatment if email usage is or becomes inappropriate.

Emergencies

If you are experiencing a life-threatening emergency and need to talk to someone immediately, you can call 911, the Suicide Prevention Hotline (310) 391-1253, the police, or your local hospital emergency room and ask for the psychologist or psychiatrist on call.

Confidentiality

Everything you say and share in session is strictly confidential. However, there are some exceptions to the rule of confidentiality. I am required by law to report:

- threats of harm to another or oneself
- child or elder abuse
- by court order
- per your signed release
- I may discuss your case with supervisors or peer counselors, in order to provide excellence in the service I give and in accordance with accepted professional behavior. In doing so, I will keep you identity or any details allowing your identification confidential.

Agreement

I have read this information fully and completely, I have discussed any questions I had about the information, and I understand the information. I acknowledge that it is my choice to participate in psychotherapy (or have my child participate). I realize that the outcome of therapy depends upon my personal investment in the therapy process. I have familiarized myself with the fees and charges for services provided by Alexine Thompson-de Benoit, M.S., M.F.T., and I understand and agree that the therapeutic services rendered will be charged to me and not to any third-party payer. I acknowledge responsibility for payment of these services.

Signature of client _____ date

Signature of therapist _____ date