

Amy M. Borst, MA, MFT, ATR-BC, LPCC

905 Calle Negocio, no.74122 / San Clemente, CA 92673 / info@AmyBorstTherapy.com / 949.547.9876

Informed Consent / Agreement for Treatment

The client-therapist relationship is a collaborative partnership established and maintained by mutual respect and trust. Amy Borst, MFT is committed to providing professional, quality services in a timely manner to all clients, within my scope of practice and competence. If at any time I determine that another professional may better serve you, I will make the necessary referrals and / or resources available to you. It is my intention to provide services that will assist you in reaching your goals. At all times you have the right to agree or disagree and are responsible for making your own decisions. The therapy process involves certain risks and benefits. Due to the varying nature and severity of challenges, including the individuality of each client, it is not possible to predict or guarantee a specific outcome or result of therapy. Thank you for your assistance in maintaining this commitment by observing the following guidelines:

Scheduling

Consistent attendance is one of the best predictors of positive outcomes for counseling/ psychotherapy. Once an appointment is made, please make every effort to keep it. If you must cancel or reschedule an appointment, please notify Amy Borst, MFT as early as possible. Except in emergencies, canceling with less than 24 hours notice will incur the full agreed-upon fee; the same applies to failing to show for an appointment. Session times generally run 50 minutes, unless otherwise planned. Fees are discussed in advance of treatment, and payment at the time of services is appreciated. _____ **Please initial**

Fees

Fees for services with Amy Borst, MFT, are hereby agreed upon at the rate of **\$160.00 per hour for individual sessions, \$240 per 90 minute individual sessions / \$210.00 per hour for family / couples therapy, \$310 per 90 minutes family / couples therapy** and are payable at the time of the session. This time includes 15-30 minutes at the end of sessions for documentation, review, and other services such as referral research or correspondence. There is no additional charge for phone calls under 15 minutes. However, if phone calls exceed 15 minutes, you will be given the option to continue the service as a billable telephone session at the same hourly rate, or continue the conversation at the time of the next session. _____ **Please initial**

Telephone Calls

I am not on call for emergencies. To contact me between sessions, please call and leave a voice message on my confidential voice mail: 949.547.9876. Your call will be returned as soon as practically possible within one business day. If there is a life-threatening emergency, please call 911. There is no charge for telephone calls under 15 minutes. However, calls exceeding 15 minutes will be billed at agreed-upon session rates, and clients will be informed of this at the time of the call. Typically, phone calls should be reserved for scheduling issues and emergencies, as other personal or counseling-related conversations generally take place during scheduled sessions. _____ **Please initial**

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Children

Clients with young children not receiving services should make child care arrangements, as the presence of children significantly alters psychotherapy sessions. _____ **Please initial**

Professional Standards

Marriage Family Therapists have strict professional and ethical standards, and must work within those guidelines for the benefit of all clients. Amy Borst, MFT may provide assessment, counseling, psychotherapy, consultation, or resource management and referral services, as agreed-upon by the client. However, Amy Borst, MFT may not receive personal gifts, offer employment, exchange items for sale, socialize outside of the therapeutic relationship, transport in a personal vehicle, or provide any services to clients outside the normal scope of practice. _____ **Please initial**

Notice To Clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists and professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830. _____ **Please initial**

I, _____, authorize Amy Borst, MFT to provide counseling/psychotherapy services to myself. I have read, understand, and agree to all of the above terms and conditions.

Printed name of client, parent, legal guardian, or authorized representative

Date

Signature of client, parent, legal guardian, or authorized representative

Date

Amy Borst, MFT (Witness)

Date

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Confidentiality Agreement

I understand that counseling / psychotherapy services with Amy Borst, MFT are conducted in a confidential manner and that all efforts will be taken to protect client privacy.

I also acknowledge that it has been explained to me that under the following conditions, confidentiality does not apply. Depending on the condition, certain disclosures or reports may have to be made. The conditions are as follows:

Written Permission. If you provide Amy Borst, MFT with written permission to release / exchange information with another professional, individual, or agency, then information may be requested of or shared with that person or agency on a need-to-know basis.

Child Abuse, Elder Abuse, Dependent Adult Abuse. Amy Borst, MFT is mandated to report any reasonable suspicion of abuse, including: physical abuse, sexual abuse, severe emotional abuse, or neglect (failure to properly care for, provide medical need for, or provide a reasonably safe environment for a child, elderly adult, or dependent / disabled adult). Please be advised that this law applies to any child, elder or dependent adult (not only those participating in therapy) and that the date of occurrence of suspected abuse does not affect in any way the mandate to report.

Threats of Harm. If a client or family member expresses an intent to harm oneself or other people, or if it is determined that a client or family member is in danger of seriously harming themselves or others, then Amy Borst, MFT is obligated to exercise the duties to protect and to warn (under Tarasoff Law), and to make efforts to ensure the safety of all involved. This may involve disclosure of intent to harm other professionals, or family members. This also includes information delivered to Amy Borst, MFT by a relative close to the client.

Court Orders. If the court orders Amy Borst, MFT to release any client records or to provide testimony in court, then this information must be provided.

Please understand that in all cases, Amy Borst, MFT will make every effort to inform clients in advance when disclosures or reports (breaching confidentiality) must be made, and will take measures to ensure the maximum degree of privacy of clients and family members under these circumstances.

In signing, I agree to have read and understand the above information.

Printed name of client, parent, legal guardian or other authorized representative

Date

Signature of client, parent, legal guardian, or other authorized representative

Date

Amy Borst, MFT (Witness)

Date

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Telehealth Consent Form

Introduction

This Agreement is intended to provide (name of client) _____ (herein 'Client') with important information regarding the delivery of Telehealth by Amy Borst, MFT, ATR-BC, LPCC (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 Therapist prior to signing it.

Telehealth

Telehealth is defined as the delivery of psychotherapy services using information and communication technologies to consult, diagnose, treat, or educate Client while Client is at an 'originating site' and Therapist is at a 'distant site'. Under California law, Therapist is only permitted to provide Telehealth to Client while Client is in the state of California. The practice of Telehealth with Therapist involves providing psychotherapy through 'synchronous interaction' which is real-time, interactive communication using the telephone or live video-conferencing. All practices, policies and procedures previously outlined and agreed to in the initial Informed Consent / Agreement for Treatment are still in effect when Telehealth is added as a mode of psychotherapy service delivery.

Risks and Benefits for Treatment with Telehealth

Some of the main benefits of Telehealth include increased flexibility, portability, and access to psychotherapy for Client. Some of the risks of Telehealth include, but are not limited to, increased risk for breaches of confidentiality despite reasonable efforts on the part of Therapist due to disruption or distortion by technical failures or security breaches of technology as well as interruption by unauthorized persons. In order to minimize the risks as much as possible, Client is responsible for ensuring his/her privacy at the time of receiving Telehealth services (ie: Client can ensure before the session that no third party is in the room or on another phone line overhearing the contents of the session.) If Therapist suspects that an unauthorized person is in listening distance of the Telehealth session, the session will be terminated and can be rescheduled for another time.

Acknowledgment

By signing below, 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 Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in Telehealth with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment

Client Signature

Date

Client Printed Name (or authorized representative)