

Jill Marie Cooper, M.A.
Licensed Marriage and Family Therapist and Credentialed Art Therapist
CA LMFT#50887 Art Therapy Credentialing Board #ATCB 10-028
(650) 529-5188

Outpatient Psychotherapy Contract and Consent

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

Information about Your Therapist

Jill Marie Cooper, MA, LMFT, ATR is a Licensed Marriage and Family Therapist #50887 and a Credentialed Art Therapist, ATCB# 10-028

At an appropriate time, I will discuss my professional background with you and provide you with information regarding my experience, education, special interests, and professional orientation. You are free to ask questions at any time about my background, experience and professional orientation.

Fees and Insurance

My fee for service is \$180 per diagnostic, individual, family or collateral therapy session. Individual Sessions and family sessions are approximately 50 minutes in length. Fees are payable at the time that services are rendered unless we agree upon monthly invoices.

I work on a fee for service basis, outside of insurance plans. At this time, I do not work with any insurance providers. I can provide you with a receipt for services and you can seek out of network reimbursement for services, if you have such benefits. You can also seek reimbursement from an HAS/FSA. Please check with your insurance company regarding benefits. The amount of reimbursement and the amount of any co-payments or deductible depends on the benefits and requirements of your insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance.

If for some reason you find that you are unable to continue paying for your therapy, you should inform me. I will help you to consider any options that may be available to you at that time. I have a few adjusted fee slots for certain situations.

Confidentiality

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers, and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Patriot Act.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, I may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief because I believe important issues are better addressed within regularly scheduled sessions.

You may leave a message for me at any time on my confidential voicemail. If you wish for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. **If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by my voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, or proceed to your nearest Emergency Room.**

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

National Suicide Prevention Helpline: 1-800-Suicide
24 Hour Parent Support Helpline (650) 579-0358
24 Hour Youth Hotline: (650) 579-0350

About the Therapy Process

It is my intention to provide services that will assist you on reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your or your child's treatment. I believe that therapists and their clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will periodically provide feedback to you regarding your or your child's progress and I encourage your participation in these discussions.

Due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific result.

Record Keeping

The laws and standards of my profession require that I keep treatment records. These may include information about your diagnosis, therapy, goals, progress in treatment, documentation of mandated disclosures, (e.g., child abuse report), and other information. You have a right to view your records unless doing so would cause you substantial harm, endanger your life or physical safety, or pose a significant risk of harm to another individual.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask me to address any questions or concerns that you have about this information before you sign.

Signature of Patient/Guardian

Date

Printed Name of Patient/Guardian

Signature of Patient/Guardian

Date

Printed Name of Patient/Guardian