

Client Informed Consent Form

Therapy/Counseling overview:

Thank you for trusting me to support you through this process you have embarked on. Therapy is in itself a process. It is the process towards actively and intentionally working towards understanding yourself, your relationships, and your challenges in a better way while also acknowledging cultural, social, environmental contexts that impact all of us. I understand that this is a private and sensitive matter and as a trained professional I am legally, ethically, and morally committed to honoring and respecting your process.

The process of change can at times be fruitful and inspiring and at other times can seem confusing and painful. This is because, often in order to understand current challenges or unhappiness's we need to understand various experiences that you have had that have impacted and shaped you and your current circumstances. This process can bring up emotions and feelings that are new to you or unpleasant aspects of your personal history. It is my job to facilitate this process with respect and care. For some the process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others. Benefits to therapy have included a reduction in feelings of distress, more satisfying relationships, increased clarity and resolution to specific problems.

The most important factor in the success of therapy is good communication between therapist and client, as therapy is a joint effort between us. If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something I have said or suggested or need clarification of our goals, do not hesitate to bring this up in our session.

Confidentiality:

By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another health professional it may be necessary for me to contact that person so that we can coordinate our efforts. If this is necessary I will ask for your permission. There are however, a number of exceptions to this confidentiality policy:

- If I am ordered by the court to testify or release records.
- If you are a victim or perpetrator of child abuse I am required by law to report this to the authorities responsible for investigating child abuse.
- If you are a victim or perpetrator of elder or dependent adult abuse I am required by law to report this to Adult Protective Services or other appropriate authorities.

- If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threaten harm.

Professional Consultation:

Professional consultation is an important component of a healthy psychotherapy practice. This is when the therapist regularly participates in clinical/ethical/legal consultation with appropriate professionals. In such consultations I will not reveal any personally identifying information regarding you.

Record Keeping:

I will produce notes/records regarding your treatment. Your records will be stored safely with attention to your privacy.

Clinical fees:

My fee for individual and adolescent psychotherapy is \$150 for a 50 minute hour session with limited sliding scale spots depending on financial need. Your investment in your healing process is an important part of therapy. **Full payment (Venmo, Paypal or bank transfer) is due at the beginning of each session.** Please send payment before sessions begin. If you need to make a different arrangement, please let me know and we will discuss it. As a general rule, if a client is behind in payment for two sessions, I will place our meetings on hold until the client has caught up with payments. Fees will be increased once a year in January.

I have a commitment to providing services to those with financial limitations and aim to find a balance of being able to sustain my business and personal life while providing a limited amount of low fee slots that are available on a first come first serve basis and are also subject to adjustment when the client's financial situation changes.

Phone consultations or any additional support (i.e. letter writing, preparation of forms or records) of 15-minutes or more will be pro-rated my office visit rates.

Insurance:

I do not currently accept insurance for services rendered. If you would like to submit a bill to your insurance company to see if they will reimburse you, I will be happy to provide you with an insurance form at the end of each month.

Cancellation policy:

I customarily meet with clients at a regularly set hour, weekly or multiple times a week. Once we have decided on regular hours, I ask that you manage your schedule so as to minimize disruption to your therapy. Regularity and continuity are important as they allow our work to build and deepen from session to session. However, I realize that unexpected circumstances emerge from time to time, as well as planned time away.

You may cancel your appointment with at least 24 hours advanced notice by phone (510-779-2447) or email (sabeen.lcsw@gmail.com). **You will be charged for all cancelled and missed appointments** if 24-hour notice is not given.

Periodically I will have to cancel sessions due to mandatory court appearances. If this occurs I will notify you promptly so that we can reschedule our session. You will not be charged for these cancelled appointments.

Effective psychotherapy does take a commitment on both sides. I have found over the years that the more consistent and frequent the client is in attending their sessions, the greater and quicker the progress. Likewise, when I agree to work with a client, those times are reserved for that person and I don't give those hours to someone else. So even when you miss a session, you still know that you have that time with me when you return.

I take approximately 8 weeks off a year for training and volunteer commitments. I will tell you when that is, so if you would like to maximize your time in therapy, you can arrange your vacation schedule to overlap.

Emergencies:

I tend not to be available for contact on evenings and weekends. During business hours, I will return your phone calls within 24 hours. If you are in crisis and need more immediate attention while in the U.S. and I am not available, please call 911 or your local county crisis line (for Alameda County the crisis line number is: 1-800-309-2131) or go to the nearest hospital emergency room for assistance. If you are outside of the U.S. please utilize the U.S. based National Alliance on Mental Illness help line at 800-950-6264.

Client Consent to Counseling:

I have carefully read and understand this statement. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Sabeen Shaiq. I may end therapy at any time and refuse any requests or suggestions made by Ms. Shaiq.

I have been provided with a copy of this form. I have had the opportunity to ask questions and have received needed clarification.

Signature

Date

Printed Name