

MIAMI PSYCHCENTER, LLC

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CLIENT INFORMED CONSENT TO TREATMENT

This document contains important information about this company's professional services and business policies. Please read it carefully and note any questions you might have so that we can address them at our next meeting. Upon your signing this agreement, it will represent the terms and conditions between you and this company regarding your treatment.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods that may be employed to address the problems that you want assistance with. Psychotherapy requires your active participation. In order for the therapy to be most effective, you will have to use your best efforts both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience or the outcome of the therapy.

The first few sessions will involve an evaluation of your needs and the appropriate therapy to be applied. After the evaluation period, we will develop a treatment plan to follow should you decide to continue with therapy. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for any available alternative treatment methods.

MEETINGS

Scheduled sessions are 50 minutes in duration, although some sessions may be longer. Once a session is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Our office will try to reschedule your session at a mutually convenient time.

PROFESSIONAL FEES

Our hourly fee is **\$200.00**. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than **10** minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge **\$300** per hour for preparation and attendance at any legal proceeding, including transportation to and from the proceedings.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

You will be responsible for a \$30 return check fee for all checks returned because of "insufficient funds". If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

CONTACTING PRACTITIONERS

Clinicians are often not immediately available by telephone. While we are usually available between 9 AM and 8 PM, we probably will not answer the phone when we are with clients. When we are unavailable, our telephone is answered by voice mail that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If one of our clinicians will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

While we do maintain an email address for correspondence, we prefer to use email correspondence for administrative issues such as appointment scheduling. Due to the

nature of email transmissions, it is important to be aware that emails are not completely secure and confidential. We cannot guarantee the privacy and confidentiality of information sent to us by email.

Additionally, we do not accept friend requests from current or former clients on social networking sites, such as Facebook or Google Plus, due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reasons, we request that clients do not communicate directly with us via any interactive or social networking websites.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have with what we are prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect

others from harm, even if I have to reveal some information about a client's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we must file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our client. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

AUTHORIZATION

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient Signature

Date

Parent/Legal Guardian Signature

Date