

Informed Consent for Psychotherapy

Beth Spring Therapy
1043 Sterling Road - Suites 203-204
Herndon, VA 20170

To begin a therapy process, it is important for us to understand what to expect from each other. I am a Licensed Marriage and Family Therapist (VA #0717001038) and a clinical member of the American Association for Marriage and Family Therapy (AAMFT). My practice is conducted in accordance with the ethical guidelines of AAMFT, available online at aamft.org. As my client, you have several rights and responsibilities:

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential. This information will not be revealed to anyone without your written permission except when disclosure is required by law.

Exceptions to Confidentiality:

- You give me written permission to contact someone else to release or request information.
- There is a reasonable concern that you pose a danger of harm to yourself or to others.
- I have reason to suspect that a child, elderly person, or disabled person is being abused or neglected.
- I am ordered to disclose information by a judge. In litigation initiated by you, the defendant may have the right to obtain my records or testimony.
- In family or couples therapy, I reserve the right to exercise my own judgment about disclosing information among family members. I will not release records to any outside party unless I am authorized to do so by all adults who were part of family or couple therapy.

Health Insurance: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. Only the minimum necessary information will be communicated to the entity. As your therapist, I have no control over, or knowledge of, what insurance companies do with the information I submit. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, or to future capacity to obtain health or life insurance or even a job. This is because mental health information is likely to be entered digitally and reported to the National Medical Data Bank. Corporate computers and databases can be vulnerable to hacking and unauthorized access. Medical data has also been legally accessed by law enforcement and other agencies.

Consultation: I seek supervision and regularly consult with other therapy professionals regarding my work with clients. Each client's identity remains completely anonymous and confidentiality is fully maintained.

Litigation Limitation: I do not go to court voluntarily. My fee for preparation, travel, and time in court is \$1,550 per day. Due to the nature of the therapeutic process, which often involves a full disclosure of a confidential matter, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone acting on your behalf, will call on Beth Spring, LMFT to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy case file be requested unless otherwise agreed upon.

Cancellations: Appointment times will be reserved specifically for you. If you must cancel an appointment, please notify me in advance by calling 703-975-2628. If you cancel 24 hours before the scheduled appointment, you will not be charged. If you do not show up for an appointment or cancel with less than 24 hours' notice, you will be charged my standard fee. Exceptions to this policy will be at my discretion.

The Therapy Process: Participating in therapy can result in a number of benefits for you, including stress reduction, improved interpersonal relationships, and resolution of the concerns that led you to seek therapy. Working toward those benefits requires effort on your part, including active involvement, honesty and openness. At times, therapy may cause discomfort or elicit strong feelings, as you recall and talk about unpleasant events, thoughts, or behaviors. I may challenge some of your assumptions or perceptions, or offer different ways of looking at, thinking about, or managing situations. There is no guarantee that therapy will yield positive or desired results, however the benefits of therapy are well-documented. I do not provide custody evaluations, legal advice, or recommendations for prescription medications, as these fall outside my scope of practice.

Termination: My goal is to help you resolve the presenting problem so that you no longer feel the need for professional assistance. Sometimes this requires only a few sessions, and sometimes longer-term work is indicated. You may choose to end therapy at any time; however, it is best if we discuss this during a session. If you are dissatisfied at any time with my services, please discuss this with me because this can be an important part of our work together.

Emergencies: If you have a mental health emergency that requires immediate attention, please call 911. If you are at imminent risk of harming yourself or someone else, go to your nearest hospital emergency room, or call your local community mental health center's 24-hour emergency number.

Email and Social Media: I correspond with clients about scheduling, but not about clinical issues, via email. I only check and respond to email when I am on a secure network, however there is no way to guarantee that email exchanges will remain confidential. In accordance with ethical guidelines I do not interact with clients on social media. If you choose to communicate confidential information via unencrypted email, texts, or e-fax, I will assume that you have made an informed decision to do so, and I will view it as your agreement to take the risk that such communication may be intercepted.

Records and Your Right to Review Them: Virginia law requires me to keep treatment records for at least 5 years. Clinically relevant information from emails, texts and faxes are included in the record. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information may be harmful in any way.

Fees: Clients are expected to pay my standard fee of \$155 for a 50-minute session or \$220 for an 80-minute session at the time of service, unless other arrangements are made, such as monthly billing. You may pay by cash, credit card, or check payable to Beth Spring. A \$5 discount is offered for payment by check or cash. I will provide a statement with all appropriate codes and information for insurance reimbursement. I am an in-network provider for TriCare and for WellSpring EAP, and their reimbursement schedules would apply if you are accessing their services.

I understand this agreement, and I accept its terms including financial responsibility.

Client Signature

Date

Client Signature

Date