

*Sandra Braun*

LICENSED MARRIAGE & FAMILY THERAPIST

8281 Melrose Avenue 202, Los Angeles, CA 90046 • 310-488-6835 • [sandrabraunmft@protonmail.com](mailto:sandrabraunmft@protonmail.com)  
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## Informed Consent for Psychotherapy Treatment

Welcome to my office. As a licensed marriage and family , I am governed by certain laws and regulations and by the code of ethics for my profession. This ethics code requires that I make you aware of certain office policies that may affect you. Please take the time to read the following information.

Psychotherapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. It also involves discussing a range of feelings or experiences that may create uncomfortable emotions, which we will address. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you my impressions of what our work will include and a treatment plan to follow. You should evaluate this information. If you have questions about my procedures, we should discuss them whenever they arise.

**Information about Your Therapist:** I am a California Licensed Marriage and Family Therapist # 100801 in private practice. I am trained in Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), and Addiction Counseling.

**Confidentiality:** The content of psychotherapy sessions is considered confidential and privileged, as is the identity of the client unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, written consent of all parties is required for any release of records.

There are, however, conditions under which the therapist has the legal or ethical obligation or right to breach the agreement of confidentiality. Those circumstances include, but are not limited to, the following:

- If I have reason to believe that you present a serious danger to yourself, I am ethically bound to do what I can to keep you safe, which may involve notifying others who may be of help.
  - If I have reason to believe that you present a danger to another person as a result of a violent act that you may commit, I must take action to protect that person.
  - If I have reason to believe that you are gravely disabled and cannot provide reasonable care for your own safety and maintenance of your basic needs, I am ethically bound to contact appropriate resources for you.
- Instance of suspected abuse of a child, an elderly person, or a dependent adult must be reported to the appropriate protective service.
- If a court has ordered your treatment with me, or if you introduce your emotional condition into a legal proceeding and I am subpoenaed, I may be required to release information to the court or to give testimony.
  - 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 Act.

**Releasing Information to Other Professionals: If you apply for insurance reimbursement, I am required to supply a diagnosis, dates of treatment and charges to treatment.** There may be times that I seek consultation with other professionals, such as your physician, regarding your care. In that case, I will obtain your permission before contacting them.

### **Sessions**

Sessions are 50 minutes in length. Sessions are typically scheduled to occur one time per week at the same time and day. 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. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

### **Payment for Services**

The fee for service is \$195.00 per individual therapy session unless we discussed otherwise. Because of the pandemic, I am accepting only credit card, debit card, or HSP card payments. If you wish to pay by Venmo, you must write to me a specific request, as Venmo is not an approved form of confidential payment. If a sliding scale fee has been assessed, your fee will be reassessed every six months, until increased to my base fee.

### **Cancellation Policies**

You are requested and expected to notify me at least 24 hours in advance of your appointment should you need to cancel or reschedule. If you do not provide me with at least 24-hour notice in advance, you will be responsible for payment for the missed session. appointment.

### **Insurance Reimbursements**

Insurance reimbursements will be paid directly to the client. You will have responsibility for making insurance claims, as full payment is expected at each session unless other arrangements have been made. At your request, I will provide you with a SuperBill that can be used to make your insurance claim. I will respond to inquiries from your insurance company at your request. If they contact me directly, I will respond to them only with your permission.

### **Telephone calls/Emergencies**

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 and request a return phone call. Unless you request otherwise, I will return your phone call at my next convenience. Non-urgent phone calls are returned during the workday (Monday through Friday) and are usually returned within 24 hours. Phone calls longer than 15 minutes will be billed our usual hourly rate.

**If you have an urgent need to speak with me, please indicate that fact in your message.**

*\*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.*

### **Therapist Communications**

I may need to communicate with you by telephone, mail, or other means. Please indicate your preference on the New Client Intake form. Please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means. Email correspondence is not

considered to be a confidential medium of communication and will not be used for clinical communication. It may be used for billing or scheduling, at times.

**Client Rights and Responsibilities**

In addition to your right to confidentiality, you have the right to end your therapy at any time, without any obligation except for fees already incurred. You also have the right to question any aspect of your treatment with me, and to expect that I would work with you to meet your needs for adjunctive or alternative treatment.

You also have the right to expect that I will maintain ethical and professional boundaries by not entering into personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

Therapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, experience, and a willingness to do my best. As the client, you will need to make a commitment to your own personal growth and care.

Please feel free to ask any questions or to discuss any of this information with me. Your signature below indicates that you have read this consent form, that you understand it, and that you have received a copy of the form.

Signed by: \_\_\_\_\_

Print Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Verbal Consent Obtained. Therapist reviewed Consent Form with client, client understands and agrees to the above advisements, and client has verbally consented to receiving psychotherapy services from Sandra Braun, LMFT.

\_\_\_\_\_ Signature/Date