



# Strong Sense of Self Family Counseling Inc.

Vanessa Cardin, MA, LMFT

Licensed Marriage & Family Therapist #128077

Phone: 949 930 9993

4848 Lakeview Ave. #202 D Yorba Linda, CA 92886

## **AGREEMENT FOR SERVICE / INFORMED CONSENT**

### **Introduction**

This Agreement is intended to provide \_\_\_\_\_ (herein "Patient") with important information regarding the practices, policies and procedures of Vanessa Cardin (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

### **Therapist Background and Qualifications**

Vanessa Cardin, M.A. is a Licensed Marriage and Family Therapist in Orange County. She works with individuals, couples, families and teens. Vanessa is trained in Eye Movement Desensitization and Reprocessing Therapy (EMDR), which is the leading approach for PTSD and those suffering from traumatic events. She is also Prepared and Enriched certified and is a member of California Association of Marriage and Family Therapist (CAMFT). Vanessa received a Masters Degree in Marriage and Family Therapy at Hope International University in 2017 and a Bachelor's Degree in Interpersonal Communication at Vanguard University in 2014.

In addition Vanessa is the Director of Sponsorship and sits on the board for Orange County California Association of Marriage & Family Therapist (OC-CAMFT), and Training Facilitator at Bloom Foundation. Vanessa is a Licensed Marriage & Family Therapist #128077 with the State of California, Board of Behavioral Sciences

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so the Patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

### **Records and Record Keeping**

Therapist may take notes during the session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient. Should Patient request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Patient's records for ten years following termination of therapy. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

### **Confidentiality**

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse (physical, sexual – including "sexting" with minors, emotional neglect), when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

### **Patient Litigation**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's legal matters. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of \$300/hour.

### **Psychotherapist-Patient Privilege**

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by Patient or Patient's representative. Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

### **Fee and Fee Arrangements**

The fee for individual service is \$160 per 50-minute session, Family/Couple service is \$165 per 50-minute session and EMDR service is \$165 per 50-minute session. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance.

The agreed upon fee between Therapist and Patient is \_\_\_\_\_. Therapist reserves the right to periodically adjust fees. Patient will be notified of any fee adjustment in advance. From time-to-time, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Additional fee of \$45 will be charged for telephone conversations in excess of ten minutes, letters, reports and legal related matters. Patient is expected to pay for services at the time services are rendered. Therapist accepts cash, checks (payable to "Strong Sense of Self Family Counseling Inc."), and major credit cards.

### **Insurance**

Therapist does not bill insurance directly but will be happy to provide Patient with a monthly statement of services ("super bill") for Patient to submit to their insurance company. Payment is due at the time of service and Patient's insurance company will reimburse Patient according to Patient insurance policy.

### **Cancellation Policy**

Patient is responsible for payment of the agreed upon fee for any missed session(s). Patient is also responsible for payment of the agreed upon fee for any session(s) for which Patient failed to give Therapist at least 24 hours notice of cancellation. Cancellation notice should be left on Therapist's voicemail at 949 930 9993. Texting is okay for scheduling reasons only, other issues please call.

### **Therapist Availability**

Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, Patient should call 911, or go to the nearest emergency room.

Therapist cannot guarantee that text messaging, email, and/or electronic receipts are secure or confidential forms of communication. Therefore, Therapist requests that the patient refrain from text messaging her, and use voice messages and person to person phone calls for communication.

**Dual Relationships & Social Media**

Dual relationships can impair the therapeutic process, Therapist's objectivity, clinical judgment, or therapeutic effectiveness that could be exploitative in nature. Therapist will never acknowledge working therapeutically with anyone without his/her written permission. For this reason, Therapist will not accept any invitations via social networking sites such as Facebook, Twitter, LinkedIn or Instagram with current or former Patients.

**Termination of Therapy**

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Patient needs that are outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy. Patient has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient.

**Acknowledgement**

By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient's satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patient agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

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Patient Name (please print)

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Signature of Patient (or authorized representative) Date

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I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payer.

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Name of Responsible Party (Please print)

\_\_\_\_\_  
Signature of Responsible Party Date

\_\_\_\_\_  
Signature of Therapist