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Marriage and Family Therapist
MFC # 49789

Welcome to my practice. This document contains important information about my professional services and business policies. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

Information about Your Therapist

At our initial session, I will discuss my professional background with you and provide you with information regarding my experience, education, special interests, and professional orientation. You may feel free to ask questions at any time about my background, experience and professional orientation.

I am a Licensed Marriage and Family Therapist with the state of California. Marriage and Family Therapists (MFTs) are licensed mental health professionals who work with individuals; couples whether or not married; families of all types; and groups to cure or relieve mental, emotional, and relational concerns of all kinds. MFTs work in private practice and a variety of other settings throughout California and the rest of the country providing mental health services. MFTs have minimally acquired two-year master's degrees, 3,000 hours of supervised experience, and have passed two rigorous exams.

Fees

The fee for service is \$ 125.00 per individual therapy session. Your fee is _____.

The fee for service is \$ 150.00 per conjoint (marital /family) therapy session. Your fee is _____.

The fee for service is \$ 25.00 per group therapy session.

Individual sessions are approximately 50 minutes in length. Conjoint (marital/family) sessions are approximately 70 minutes in length. Fees are payable at the time that services are rendered. Please ask me if you wish to discuss a written agreement that specifies an alternative payment procedure. Currently, I accept payments in the form of cash, check, and credit.

It is essential that financial issues do not prevent you from obtaining the assistance you need and deserve. Although I do provide a significant portion of my work at a reduced fee, these arrangements are in high demand. During your initial assessment we will discuss the fee. If for some reason you find that you are unable to continue paying for your therapy, please inform me. I will help you to consider any options that may be available to you at that time.

Confidentiality

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, I am permitted to use information obtained in an individual session that you may have had with me, when working with other members of your family. Please feel free to ask me about my "no secrets" policy and how it may apply to you.

There are exceptions to confidentiality. **I am required to report instances of suspected child or elder abuse. I may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself.** 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.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this with me.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. 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. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hrs. in advance of your appointment. I understand that life is full of unexpected circumstances. If you run into an emergency, please cancel as needed, yet know that your appointment is held for you and others do not have access to that time. In non-emergency cases, if do not provide me with at least 24 hours notice, you are responsible for payment for the missed session.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for me at any time on my confidential voicemail. If you wish 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. Non-urgent phone calls are returned within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by me on my voicemail. (760) 419-9596

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.

Here are some resources that are available in the local community to assist individuals who are in crisis:

Access and Crisis Line: (800) 479-3339

Warm Line: (619) 295-1055

California Youth Crisis Line: (800) 843-5200

County Domestic Violence and Sexual Assault Hotline: (888) 385-4657

Therapist Communications

I may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. 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.

___ My therapist may call me at my home. My home phone number is: () _____

___ My therapist may call me on my cell phone. My cell phone number is: () _____

___ My therapist may text me on my cell phone.

___ My therapist may call me at work. My work phone number is: () _____

___ My therapist may send mail to me at my home address.

___ My therapist may send mail to me at my work address.

___ My therapist may communicate with me by email. My email address is: _____

___ My therapist may send a fax to me. My fax number is: () _____

About the Therapy Process

It will be at the initial consultation that we will discuss the appropriateness of psychotherapy for you at this time and develop a plan for your next steps. The schedule, or length and frequency of sessions, will also have discussed at this first meeting, and will depend on the level of distress, your preferences, my clinical assessment, your time limitations and financial concerns. We will come up with an initial plan and make adjustments as we proceed. I see clients at frequencies of two sessions per week, once a week, and

every other week. Typically, towards the end of your treatment the frequency will be reduced to once a month. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment.

This is a collaborative process. With mutual commitment to the process, you have the opportunity to learn about yourself, address personal life challenges, and influence your relationships with yourself and others. Your role in psychotherapy will be to share your concerns, your experiences and what your feelings and thoughts are during our sessions. My role will be to listen, ask questions and offer new perspective on your issues. Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you wish to achieve. We will work in collaboration to plan for termination and will discuss as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If we determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask me to address any questions or concerns that you have about this information before you sign!

Date: ____/____/____

Client's Signature

Date: ____/____/____

Therapist's Signature