

**EBMC Psychology, Inc.**  
**23 Altarinda Rd, Orinda, CA 94563**  
**(925) 317-3179**

Rachel Jaffe, MA  
Marriage and Family Therapist Intern #77873  
Supervised by John Parker MFC #48560

INFORMED CONSENT FOR TREATMENT

**Therapist Background:**

I have a Masters degree in Counseling Psychology and am a Registered MFT Intern in the state of California. I am supervised by Jon Parker, MA MFC.

**Fees:**

My standard fee is \$125 per 50-minute session. Sliding scale appointments may be available depending on your financial situation; however, these appointments are limited. Please feel free to discuss any financial hardships you may be experiencing. You will be expected to pay at each session, unless we agree otherwise. As an Intern, I am *not able* to offer insurance reimbursement or provide out-of-network coverage. Upon request, invoice statements can be provided.

**Cancellations:**

A 24-hour advance notification of cancellation is required. For missed appointments or those cancelled less than 24-hours in advance there is a charge for the full session fee.

**Confidentiality:**

The law protects the privacy of all communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or the Health Insurance Portability and Accountability Act (HIPAA). However there are some situations where I am permitted or required to disclose information without your consent or Authorization. These exceptions include the following:

- Disclosures required by health insurers or to collect overdue fees
- If a government agency requests information I may be required to provide it.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information in order to protect myself.
- If clients poses a serious threat to himself/herself. I may enlist family members or others in an effort to protect a potentially suicidal client.
- Client threatens to physically harm an identifiable victim.
- Child abuse (both past and present), elder abuse, or dependent adult abuse is suspected.

In the later two situations I am required by law to inform any potential victims and the appropriate authorities so that protective measures can be taken. Every effort will be made to fulfill this reporting requirement in a manner that is in the best interest of those involved.

**Availability:**

Sessions are by appointment. For phone contact, clients can leave a confidential voicemail message at. 925-317-3179 x 1. I am in the office on Mondays, Wednesdays, and Fridays, and check my messages twice daily on other days. For crisis emergencies requiring immediate assistance, please notify me and then call the Contra Costa Crisis Line at 1-800-833-2900.

**Psychotherapy:**

Psychotherapy can be a difficult as well as rewarding process. Since therapy often involves exploring unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand therapy can often lead to better relationships,

solutions to specific problems and a reduction in feelings of distress. Because we will work toward your goals together, it is important that you inform me of any problems or difficulties, such as treatment issues, potential breaches of confidentiality, appointment times and financial concerns that arise so that they can be dealt with in an honest and direct manner.

I, \_\_\_\_\_, have read, understand, and agree to all of the above information, and give my permission to Rachel Jaffe MFT Intern to provide psychotherapy services to;

Myself \_\_\_\_\_  
(Print Name)

My Child \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(If a personal representative of the client signs the authorization, a description of the representative's authority to act for the patient must be provided below)

\_\_\_\_\_

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

Date \_\_\_\_\_