

Margaret G. Mickelson, LMFT, ATR

Licensed Marriage, Family and Child Therapist

LMFT 35838

Registered Art Therapist

ATR 01-016

228 West Main Street

Tustin, California 92780

949/303-9053



AGREEMENT FOR SERVICE / INFORMED CONSENT FOR MINORS

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

Introduction

This Informed Consent for Therapy has been created for the purpose of outlining the terms and conditions of services to be provided by Margaret Mickelson, LMFT, ATR for the minor child(ren) _____ (herein “client”) and is intended to provide [name of parent(s)/legal guardian(s)] _____ (herein “Representative(s)”) with important information regarding the practices, policies and procedures of Margaret Mickelson, LMFT, ATR (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between therapist and client. Any questions or concerns regarding the contents of this agreement should be discussed with me prior to signing it. I welcome your questions.

Policy Regarding Consent for the Treatment of a Minor Child

I generally require the consent of **both parents** prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, I will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

Therapist Background and Qualifications

I hold a dual qualification as a licensed marriage and family therapist and a registered art therapist. I am certified in EMDR.

- Licensed Marriage and Family Therapist (LMFT 35838), licensed with the California Board of Behavioral Science in June of 1999.
- Registered Art Therapist (ATR), registry number 01-016. This registration was issued by the Art Therapy Credentials Board in January of 2001.
- EMDR Certified Therapist. (Eye Movement Desensitization and Reprocessing). I was certified in June 2016 by the EMDR International Association.
- I am a member of the California Association of Marriage and Family Therapists.
- I served as Clinical Director at Olive Crest for 15 years caring for diverse populations within the non-profit community.

- My theoretical orientation may be described as an integrative and multi-discipline approach.

About the therapy process

A child will benefit most from psychotherapy when his/her parents, guardians or other caregivers are supportive of the therapeutic process.

Psychotherapy is a joint effort. We will co-create goals for therapy. It is helpful to understand what personal goals your child holds for his/her therapy journey. What would your child like to accomplish? What changes and growth would he/she hope to see?

Therapy includes the use of the AIP model of therapy, in which the goal is to adapt to and integrate life experiences. Progress and success may vary depending upon the particular problems or issues being addressed, as well as other factors.

Psychotherapy is a process in which therapist and child, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so the child 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 the child may be experiencing. Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence. Such benefits may also require substantial effort on the part of the client, as well as his/her caregivers and/or family members, 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, but hopefully we will see ongoing improvement as we review growth along the journey.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. Although the therapy process may evoke strong feelings, I am a strong believer in safety, containment, and finding the pace that works. Sharing feedback and insights are an important part of the therapeutic process.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, I may participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding client or client's family members or caregivers.

Records and Record Keeping

I take notes during session. These notes constitute my clinical and business records, which by law, I am required to maintain. Therapist will maintain client's records for seven years following termination of therapy. However, after seven years, client records will be destroyed in a manner that preserves the client's confidentiality. Requests for a copy of therapist's records must be made in writing. Therapist reserves the right, under California law, to provide 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/summary of the record to another treating health care provider.

Your Right To Confidentiality

As a psychotherapy client, minor client has a right to confidentiality with respect to information related to our work together. Accordingly, information shared between us will generally remain confidential.

Exceptions to Confidentiality

The information disclosed by you/your child is generally confidential and will not be released to any third party without written authorization, except where required or permitted by law.

Exceptions to confidentiality include, but are not limited to: reporting child abuse, elder and dependent adult abuse, or when a client makes a serious threat of violence towards a reasonably identifiable victim. Similarly, in the event that I believe you/your child present a serious and imminent danger to yourself, another person or the public, I may be required to disclose information to emergency medical services, law enforcement, and/or another third party that can help to reduce or prevent that danger.

Representative/parent should be aware that I am not a conduit of information from minor child. Psychotherapy can only be effective if there is a trusting a confidential relationship between therapist and child. Although representative/parent can expect to be kept up to date as to child's progress in therapy, he/she will typically not be privy to detailed discussions. However, representative/parent can expect to be informed in the event of any serious concerns regarding safety or well-being, including suicidality.

Patient Litigation

This therapist will not voluntarily participate in any litigation, or custody dispute in which you the client and/or another individual, or entity, are parties. This therapist has a policy of not communicating with client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in client's legal matters. This therapist will generally not provide records or testimony unless compelled to do so. Should this therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving client, client agrees to reimburse this therapist for any time spent for preparation, travel, or other time in which this therapist has made herself available for such an appearance (including cancellations made to be available). Therapist's fee for litigation related expenses will be billed at \$500.00 per hour.

Psychotherapist-Patient Privilege

The information disclosed by the client, 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 client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the client is the holder of the psychotherapist-patient privilege. If this therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, this therapist will assert the psychotherapist-patient privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. Client 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. Client should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Fee and Fee Arrangements

The usual and customary fee for service is \$175.00 per 50-minute session. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to

periodically adjust this fee. Client will be notified of any fee adjustment in advance.

The agreed upon fee between therapist and client is _____. This therapist reserves the right to periodically adjust fee. Client will be notified of any fee adjustment in advance.

From time-to-time, therapist may engage in telephone contact with client for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, therapist may engage in telephone contact with third parties at client's request and with client's advance written authorization. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

Clients are expected to pay for services at the beginning of each session. Therapist accepts cash, checks and electronic payments (Zelle).

Insurance

Minor's representative/parent is ultimately responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payor.

Representative/parent is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles.

This therapist is not a contracted provider with any insurance company/managed care organization. Should representative/parent choose to use his/her insurance, this therapist will provide a statement, which can be submitted to the third-party of his/her choice to seek reimbursement of fees already paid to this therapist.

Cancellation Policy

Representative/parent is responsible for payment of the agreed upon fee for any missed session(s). Representative/parent is also responsible for payment of the agreed upon fee for any session(s) for which minor client failed to give at least 24 hours notice of cancellation.

Cancellation notice may be left on therapist's voice mail at 949/303-9053.

Therapist Availability

My business phone is a cell phone. Representative/parent may leave text messages regarding appointments; however, please do not put personal information on text messages (for your own privacy/confidentiality; as text messages are unencrypted). You are welcome to schedule an additional session if you need to discuss personal issues. **I am not able to provide emergency assistance. Please call 911 or go to your nearest emergency room for medical or psychiatric assistance.** I 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.

Termination of Therapy

I reserve the right to terminate therapy at my 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, client needs are outside of therapist's scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, this therapist will generally recommend that you participate in at least one termination sessions. This session is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done.

Acknowledgement

By signing below, representative/parent acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Representative/parent has discussed such terms and conditions with this therapist, and has had any questions with regard to its terms and conditions answered to parents/representative's satisfaction. Parent/Representative agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy. Moreover, parent/representative agrees to hold this therapist free and harmless from any claims, demands, or suits for damages.

Client Name (please print)

Signature of Client (if Patient is 12 or older)

Date

Signature of Representative (and relationship to Patient)

Date

Signature of Representative (and relationship to Patient)

Date

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

Name of Responsible Party (Please print)

Signature of Responsible Party (and relationship to Patient)

Date

Name of Responsible Party (Please print)

Signature of Responsible Party (and relationship to Patient)

Date