

Lara LMFT Inc.
Lara Sayles, M.A., LMFT 97213

Informed Consent & Agreement for Psychotherapy Services

This document provides important information regarding your treatment. Please read the agreement carefully in its entirety and ask any questions regarding its contents.

Payment for Services: Fees will be determined prior to your initial session. Therapy fees are due in full at the time of each session. Payment is accepted in the forms of cash, check, debit and credit card. American Express is the only card type that is not accepted. If you choose to pay with a credit card, you will incur a **3% convenience fee** per transaction. Payment with debit cards will not incur any fees. Debit and credit card payments are handled through the HIPAA compliant card processing platform Card Pointe which allows you to securely link your card once and then your profile information is saved. I will then charge your card on file on the date of your sessions thereafter. This is the link for payment: <https://laralmftinc.securepayments.cardpointe.com/pay>

You will receive an emailed receipt each time your card is charged. Card payments are the only form of payment acceptable for remote telehealth therapy sessions. Should you choose to pay with cash, check, or debit card via Card Pointe, I require that you keep a credit card securely on file via Stripe within your own Simple Practice client portal that will only be charged in the event of nonpayment. Checks are to be made payable to: Lara LMFT Inc. Any cancelled checks/payments will be subject to a **\$40 Non-Sufficient Funds fee**. Any clinical work outside of therapy sessions such as writing letters or summaries and telephone calls will be subject to fees based on the rate of **\$100 per hour charged in increments of 15 minutes**. Invoices and superbills can be provided to you upon request. Fees are subject to periodical increase. In the event of an increase, sufficient, advance written notice will be given. If you are not able to pay and we are unable to negotiate a new fee, I will provide you with referrals so continuity of treatment can be maintained. If for any reason at any time problems arise in your ability to make timely payments, or if you require an alternate payment plan, please feel free to talk to me about it. If for any reason you find that you are unable to continue paying for your therapy, please inform me. I will help you to consider any other options that may be available to you at that time. If you use health insurance, copayments/coinsurance amounts (if any) are based on the rates set by your insurance provider. You should be aware that insurance plans generally limit coverage to certain diagnosable mental health conditions, which then become part of your medical record. In the event that your insurance company denies payment for therapy services provided to you, you are still responsible for payment of any remaining balances to Lara LMFT Inc.

Therapy Session Length: Session length will be determined prior to treatment, typically lasting 45, 50, or 55 minutes. If you are using health insurance to pay for therapy, your plan will designate the session length they are willing to reimburse for services provided to you.

Appointment Scheduling and Cancellation Policies and Client Portal: You may schedule therapy appointments via phone, text, email, or in person. Once you have scheduled an appointment with me, I will input your appointment into my therapy practice software Simple Practice. Once you are accepted as a client, your client portal is created and intake documents were likely emailed to you via Simple Practice, along with how you can log in to your own client portal where you can provide and update information about yourself, complete intake forms, upload documents, and sign up for automatic appointment reminders. If you choose to sign up for email reminders, they will be received 48 hours prior to your appointment time. If you sign up for text reminders, they will be received 24 hours prior to your scheduled appointment. You are able to sign up to receive both, one, or none of the appointment reminders. There is no minimum requirement for the frequency with which you schedule your therapy sessions with me. If you use insurance, the frequency of your allotted sessions may have limitations and maximum frequencies predetermined. How often you would like to have therapy sessions may fluctuate as it is based on the nature and severity of the reason(s) for seeking treatment. Having therapy more frequently doesn't necessarily indicate more serious psychological or personal issues, but rather a desire for more intensive self-reflection and/or a stronger motivation to implement change. Your consistent commitment to betterment and willingness to put forth effort to do so, regardless of the frequency of your attendance, greatly contributes to a successful outcome. Scheduled appointment times are reserved especially for you. If you wish to cancel an appointment, you must do so with 24 hours or more advance notice from your scheduled appointment time. **If you cancel your appointment within 24 hours of your scheduled appointment, or you do not show up for your session, you will be charged a \$60 late cancellation/no show fee via your card on file.** Initial here _____

Accessibility: If you need to contact me between sessions, you may reach me at (818) 600-1116 via phone call or text and email at LaraMFT@gmail.com. Please be aware that I cannot always get back to you immediately, but I will make every effort to respond to you within 24 hours. You will be notified in advance when I am out of the office or away on vacation and will be unavailable to you for a period of time.

Emergencies: If an emergency arises and you need immediate assistance, I strongly recommend that you call your primary care physician, psychiatrist, the police (911), or go to the nearest emergency room and state that you are in crisis.

Non-secure Communication: Please be aware that electronic communication between us via email or text is not a secure means of communication. There is a risk that any protected health information contained in email or text may be disclosed to or intercepted by unauthorized third parties. Although I make every reasonable effort to protect your confidentiality, by signing this consent form you acknowledge that our electronic communication is not secure and therefore there are some risks involved. By signing this, you are agreeing to release Lara Sayles, LMFT and Lara LMFT Inc. from any and all liability that may arise from use of non-secure communication. If at any time in the future you wish to revoke this consent, please inform me in writing by mail. Your revocation will

not be retroactive; it will only affect communication going forward from the date of such revocation. Initial here_____

Therapeutic Treatment: Psychotherapy is a process in which we discuss and process a combination of issues, experiences, symptoms, and feelings then collaboratively brainstorm possibilities and develop plans to create positive change so that you can experience your life more enjoyably. Participating in therapy may involve some discomfort including remembering, discussing, and working through unpleasant memories, events, relationships, and feelings. The process may arouse feelings of anxiety, sadness, anger, frustration, fear, discomfort, etc. There may be times I will challenge your perceptions and offer different perspectives in order to help you gain insight and reach your treatment objectives.

Therapy provides opportunities to better and more deeply understand oneself and to cope with, heal from, and resolve any difficulties you may be experiencing. Progress varies depending upon what is being addressed, your motivation and execution to implement change, as well as other factors. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved interpersonal relationships, development of healthy coping methods, personal insight, elevated emotional management, as well as an increased capacity for intimacy, compassion, good decision making, emotional tolerance, and other betterment. Such benefits will require ample effort on your part, including an active participation in the therapeutic process, honesty, motivation, and attempts to put change into practice in your life. It is possible the issues you present may result in unintended outcomes, including shifts in your mentality, behavior, emotions, and personal relationships. Sometimes a decision that is positive for one individual is viewed differently by those in their personal life. Any decisions on the status of your life are your sole responsibility. During the therapeutic process, people may find that they feel worse before they feel better. This is normal. Personal growth and change may be easy at times, but can also be challenging and frustrating. Please discuss with me any concerns you have regarding your progress in therapy. Due to the varying nature and severity of issues as well as the individuality and motivation of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Ending Therapy: The length of your treatment and the eventual termination of your treatment depends on the specifics of your treatment plan and your progress toward meeting those goals. The objective of therapy is for you to achieve your identified treatment goal(s) and no longer need regular therapy treatment. Upon termination, clients can still receive therapy treatment from me in the future on an as-needed basis, such as for periodic maintenance or for specific issues that may arise. Former clients are also able to return to therapy at a later time to focus on new treatment goals, pending my availability. It is best practice for us to plan for your termination collaboratively. I will initiate discussion of your termination plan as you approach the completion of your treatment goals.

You have the right to terminate therapy at your discretion. Upon a decision to terminate therapy prior to meeting your treatment goals, I generally recommend that you participate in at least one termination session. I will provide you any necessary or requested referrals to other service providers. I also reserve the right to terminate your therapy. Reasons for termination of your therapy may include, but are not limited to, untimely or non-payment of fees, conflicts of interest, lack of participation or motivation, lack of cultivating a solid therapeutic alliance, treatment needs that lie outside of my scope of practice or competence, requiring a higher level of care that I cannot provide you within outpatient mental health, inappropriate behavior, or insufficient progress in therapy.

Confidentiality: California law strictly guarantees your right to a confidential relationship with me. As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said in any way that identifies you without your written permission. There are some instances, however, in which your right to confidentiality must be set aside as required by law or professional guidelines. These include the following:

- Suspected abuse or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services agency.
- If I have reason to believe that you, as a client, pose an imminent danger of violence to another person.
- A court has ordered your treatment with me, or if I am served with a subpoena, I may be required to release information to the court, or may have to appear in court.
- If you, as a client, reveal a serious intent to harm yourself, become unable to care for yourself or become a danger to yourself, I am ethically bound to do what I can to help keep you safe, which may involve notifying others who may be of help.

In all of the aforementioned cases, I would release only that information necessary to appropriately carry out my responsibilities. Your safety and confidentiality remains a legal and ethical priority.

Minors and Confidentiality: The State of California provides significant confidentiality to minors seeking mental health treatment. Minors 12 years of age and older have many privacy rights similar to those of adults. Communications between therapists and those under the age of 18 are confidential. However, parents and guardians who consent for their child's treatment are often involved in their treatment. Consequently, I may discuss the treatment progress or concerns of a minor client with their parent or caretaker. Clients who are minors and their caregivers are urged to discuss any questions or concerns that they have on this topic. When minors are making high risk or dangerous decisions, I place their safety first and my actions may include some limited communication with their caregivers.

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Acknowledgement: By signing below, Client(s) acknowledge that Client(s) have reviewed and fully understand the terms and conditions of this Agreement. Client(s) have discussed such terms and conditions with the therapist, Lara Sayles, and have had any questions with regard to its terms and conditions answered to Client's satisfaction. Client(s) agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the Therapist. Moreover, Client(s) agree to hold Therapist and Lara LMFT Inc. free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, excluding negligence, that may result from such treatment.

Client Name (please print)

Signature of Client
(or authorized representative)

Date:_____

Client Name (please print)

Signature of Client
(or authorized representative)

Date:_____

I am a minor client assenting to my therapy treatment per the terms outlined in the previous pages of this document:

Client Name (please print)

Signature of Minor Client (or authorized rep)

Date:_____

Client Name (please print)

Signature of Minor Client (or authorized rep)

Date:_____

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