

# Informed Consent for Psychotherapy Client Agreement Form

MOXIE LICENSED CLINICAL SOCIAL WORKER CORP.

JENNIFER HAMPTON, LCSW

LICENSE NO. 82213

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## INFORMED CONSENT FOR PSYCHOTHERAPY CLIENT AGREEMENT FORM

Please read this form carefully before initiating therapy with Jennifer Hampton, LCSW. When we meet, we will review key information as well as address any questions you may have.

In Case of Emergencies: Please call 911 or go to your nearest emergency department. Additional emergency assistance contact information can be found on [www.moxienapa.com](http://www.moxienapa.com).

### Confidentiality:

In accordance with California law, the information you disclose in therapy is confidential and not to be released or made accessible to anyone else without your written permission. By law, the following exceptions apply and

may require relevant information be given to others:

danger to self;

danger to others;

grave disability;

abuse or neglect of a child (under age 18), disabled person (over age 18), or elderly person (over age 65);

(5) when a court of law issues a legitimate subpoena; and

when a collection service needs to be used for unpaid bills.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE AFOREMENTIONED ITEMS CONTAINED IN THIS DOCUMENT INCLUDING:

I acknowledge that I have reviewed a copy of the Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Practices, which informs me of my rights regarding protected health information (PHI) and that an additional reference to this information can be found on [www.moxienapa.com](http://www.moxienapa.com). I acknowledge that I have received a copy of the Psychotherapy Services and

Policies form. I agree to engage in treatment with Jennifer Hampton, LCSW and to abide by the policies to the best of my ability. I understand that my therapist may discuss my case in a confidential manner for the purposes of clinical consultation.

#### Payment of Services:

I agree to pay in full for services rendered by Jennifer Hampton, LCSW. I understand that the fee for this service is \$180 per 50 minute session unless otherwise agreed upon. I also understand that extended sessions or non-emergency phone therapy will incur an additional prorated fee. I understand that cancellations of therapy appointments must be made at least 72 hours in advance and that I will be charged 100% of the full session fee for missed appointments or cancellations less than 72 hours in advance. I understand that any unresolved bills for services or missed appointments may result in disclosure of my name, telephone number, SSN, and address to a collection agency or small claims court. I understand that payment may be made via credit card, cash or check unless other means of payment has been agreed upon.

**\*Note:** Jennifer Hampton, LCSW is also an independent contractor (not an employee) with California Relationship Centers, LLC and its subsidiaries: North Berkeley Couples Therapy Center & East Bay Intimacy & Sex Therapy Center & Napa Valley Couples Therapy Center. If you are being seen by referral from California Relationship Centers, LLC, the fee is due at the beginning of each session in the form of credit or debit card, cash or check. If you choose to pay with a check, please make it out to California Relationship Centers, LLC. If you pay with a credit card, the statement will reflect a charge from: California Relationship Centers, LLC. We reserve the right to increase the fees from time to time, and I will provide a minimum of one month's notice of any changes in my fees.

#### Treatment Outcome:

There are no guarantees that treatment will be successful. The length and outcome of treatment is based on your motivation for treatment, how long you have had the presenting problem(s) and symptoms, the skill of the therapist, your incorporation of what you learn in therapy into your life outside of therapy and other factors.