

WAVE Professional Clinical Counselors Inc.

WAVE THERAPY
3150 PIO PICO DR. SUITE 105
CARLSBAD, CA 92008

(760) 500-3325

Consent for Treatment

This document is intended to provide you with important information about my professional services and business practices. Please read it carefully and make note of any questions you may have so we can discuss them at our next meeting. Psychotherapy is not easily described in general terms since the form it will take varies with each individual client and therapist. To determine what psychotherapeutic treatment best suits your needs I will evaluate your situation and the problems for which you are seeking treatment. This will occur during the first 2 to 4 sessions. Following this evaluation period, I will present you with my initial impressions and an outline of what your treatment with me will entail. The evaluation period is also intended to give you the opportunity to assess your comfort and confidence in working with me. Given the large commitment of time, money, and energy psychotherapy involves, you must be thoughtful about the therapist you chose. Any questions you might have about the verbal or written information I provide to you, or any matter that occurs between us, should be discussed with me as soon as possible. Should you choose not to pursue therapy with me I will be pleased to help you arrange an appropriate consultation with another therapist.

Psychotherapy has both benefits and risks. Some of the risks include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. While these feelings are a normal part of the therapeutic process, they can be quite intense and overwhelming at times. Though psychotherapy often requires recalling unpleasant aspects or your history, familial background and relationships, it has been shown to have benefits for those who undertake it. Psychotherapy often leads to a significant reduction in one's feelings of distress, an improvement in one's relationships and the resolution of specific problems. There are, however, no guarantees about the outcome.

Sessions

Our sessions will be scheduled to last 45-60 minutes. Your appointment time is reserved for you. Once you have scheduled a session, you will be expected to pay for it unless you provide at least 24 hours advanced notice. In situations where your absence was beyond your control, and where time permits, I will attempt to reschedule your session.

At WAVE, we use an electronic note taking and storage system called Theranest. Client files are protected and safeguarded with multiple daily encrypted backups using the highest, bank-level Secure Sockets Layer (SSL) certificates. However, please be aware that online storage, as well as paper files, can never be 100 percent secure.

Fees & Payment

It is my practice to charge a prorated fee for other professional services you request such as report writing, telephone conversations lasting longer than 15 minutes, consultations with other professionals, preparation of treatment summaries etc. If you require me to participate in a legal proceeding, I will charge \$450 per hour due to the complexity and difficulty of such activity.

Unless otherwise arranged, you will be expected to pay following each session. To maximize the time spent on your treatment it is suggested that you have your check completed in advance.

Between Session Contact

Please be aware that I am not available immediately by phone. If you need to contact me between sessions, please leave me a message. I check my messages several times a day and will get back to you as soon as I am able. Whenever I am out of town I will leave you with information for contacting a trusted colleague who will be available to deal with any emergency you may have. If you have a psychiatric or medical emergency, I suggest you call 911 or go to the nearest emergency room for assistance.

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WWW.WAVETHERAPIST.COM

Client Rights

You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other therapists and clinics. You have the right to end therapy at any time. The only thing you will have to do is pay for any treatments you have already had. You have the right to ask any questions about what we do during therapy and receive answers that satisfy you. You have the right not to allow the use of any therapeutic technique.

Privacy

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Acknowledgement of Registered Marriage and Family Therapist Interns at WAVE

WAVE has Marriage and Family Therapist Interns, who are post graduate, BBS approved professionals with training and experience, conducting therapy. They are under the direct supervision of Mark Brewer, a Licensed Marriage and Family Therapist. It is customary for a supervisor and pre-licensed professional to discuss clients to assure the client is receiving the best possible care. Mark Brewer is also bound by his professional ethics and will keep your information confidential, with the exception of legal mandated reporting as stated in the form on confidentiality.

Other Acknowledgements

This acknowledges that you have been offered an Advance Directive which can help your family make health choices according to your wishes. This link provides access to a guide and printable Advance Directive, should you require one, www.aarp.org/caregiving/financial-legal/free-printable-advance-directives. This acknowledges that you have been given the Access and Crisis Phone number (888) 724-7240 and website <http://211sandiego.org> which can be used for suicide prevention, crisis intervention, community resources, mental health referrals, and alcohol and drug support services. This line is confidential, free of charge, and is immediately answered 7 days a week, 24 hours. This also acknowledges that you have been offered the link to the California Guide to Medi-Cal Programs and the Medi-Cal website, should you require it.

1. www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20G/PDF%20GuideMediCalPrograms2006.pdf
2. <http://www.medi-cal.ca.gov/>

Arbitration Agreement

Article 1: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT

Signature of client (or person acting for client)

Date

Printed Name

Date of Birth