

# Martha de Laveaga Stewart

Marriage and Family Therapist --- M.S. MFC 31729  
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## INFORMED CONSENT

**Agreement for Services for** \_\_\_\_\_

**Scheduling and Fees.** The fee for services will be \_\_\_\_\_ per session for up to six months. The fee may be reevaluated at that time. Sessions are either 50 or 80 minutes long. When you make an appointment, that time is reserved for you. Please give 24 hours notice if you need to cancel or you will be charged for the time reserved. If we can reschedule the appointment for another time during the week at a time convenient for both of us, the fee will be waived. When another party is responsible for paying part of your therapy, and a session is missed due to lack of 24 hours notice, you are responsible for paying my full fee. Payment is made at the beginning of each session.

**Confidentiality** Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include:

- 1) Suspected abuse or neglect of a child, elderly person or a disabled person,
- 2) When your psychiatrist or therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself,
- 3) If you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities,
- 4) If your psychiatrist or therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc.
- 5) When your insurance company is involved, e.g. in filing a claim, insurance audits, case review, etc,
- 6) In natural disasters whereby protected records may become exposed or
- 7) When otherwise required by law. You may be asked to sign a Release of Information so that you therapist may speak with other mental health professionals or to family members.

**I have read and understood the above information as well as the Client Information and Office Policy Statement. I accept, understand and agree to abide by the contents and terms of these agreements and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time. I have received a copy of Patient Rights and Responsibilities.**

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Client Signature

Date