

Corinne Eisenhardt, MA, LPCC, NCC

Licensed Professional Clinical Counselor #4467

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Informed Consent for Services

I look forward to working with you and want to offer you some important information about the services that you will receive from me. This consent form will provide a clear framework for our work together and will begin to build our therapeutic relationship. Please feel free to discuss any concerns that arise with me.

1. **Confidentiality:** 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 to me in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law:
 - a. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
 - b. If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, I must warn the intended victim, and I must also notify the proper authorities.
 - c. If you, as a client, reveal a clear and imminent intent to harm yourself, I am ethically bound to do what I can to help maintain your safety, which may involve notifying others who may be of assistance.
 - d. If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, I might be required to release your confidential information to the court.
 - e. If you are using EAP / Insurance, I have to release certain data to file claims for payment. The EAP / Insurance also has a right to review your files.

In all of the above cases, it is incumbent upon me to release only that information necessary to appropriately carry out my responsibilities. Your confidentiality still remains an ethical priority. In order to provide the best possible service to my, I may consult with other licensed professionals from time to time for additional therapeutic perspectives. In these consultations, I will protect your anonymity. Unless you object, I will not notify you of these consultations unless I feel that it is important to our work together.

2. **Risks and Benefits of Therapy:** Psychotherapy is a process in which you and I discuss a variety of issues, events, experiences and memories for the purpose of creating positive change so you can experience your life more fully. It provides an opportunity to better, and more deeply understand one self, as well as, any problems or difficulties you may be experiencing.

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 self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, 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.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should address any concerns you have regarding your progress in therapy with me.

3. **Appointments:** Your appointment time is reserved for you. Please also note that I do not send appointment reminders. Therapy sessions are normally a 45-50 minute. Clients under the age of 18 must be accompanied by a guardian, who must remain in the waiting area during the session.

Cancellations must be made 24 hours in advance; otherwise, **you are responsible for the session fee**. Cancellation notice should be left on my voice mail or text at (818)660-5862. I will make every effort to reschedule you during the same week, but cannot guarantee that this will always be possible. Regular attendance is recommended to ensure continuity of services and to enhance the effectiveness of the therapy.

I will notify you of intended vacation leave two weeks in advance. However, I do reserve the right to cancel session without two weeks notice in cases of emergency. I will provide as much advanced notice as possible.

4. **Professional Fees and Payments:** My customary fee \$130 is per session. You and I will discuss and establish our fee at the outset of treatment, and any fee change will be negotiated in good faith. If you are using an EAP / Insurance, your fee will be dictated by your coverage. Payment is expected at the time of each session, unless we agree otherwise. Should you wish to bill your insurance company for reimbursement, I will provide you with a billing statement for that purpose. Please be aware that a diagnosis is required by insurance companies for payment. I will be happy to discuss this matter with you should you be interested.

Returned checks will be subject to a \$30 fee and remittance of the original check amount with the additional fee will be due immediately in the form of cash or a money order. In general, it is important to discuss with me any issues that arise in connection with our financial arrangements, so that they do not hinder the working relationship.

5. **Telephone Accessibility:** I am not usually immediately available by telephone. I do monitor my messages frequently and will make every effort to return your call within 24 hours of when you make it with the exception of holidays. If you are difficult to reach, please leave some times when you will be available. I am unable to provide 24-hour crisis service. Should you have a true clinical emergency that requires immediate attention or action; you will need to call 911 or go to the nearest emergency room.

I do not charge for telephone consultations that are less than 10 minutes. Consultations of greater length will be pro-rated based on your hourly fee. Should it become apparent that additional sessions are indicated, you and I will increase the number of weekly sessions as needed.

6. **Communication by Email, Text, and Other Non-Secure Means** It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a chance that a third party may be able to intercept and eavesdrop on those messages. If there are people in your life that you do not want accessing these communications, please talk with me about ways to keep your communications safe and confidential.

I am not usually immediately available for communication. I do monitor my email and texts frequently and will make every effort to return your message within 24 hours of when you sends it with the exception of holidays.

7. **Social Media Policy** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). Accepting these requests can compromise your confidentiality and privacy. It may also blur the boundaries of the therapeutic relationship.

I will not follow current or former clients on blogs or Twitter. Casual viewing of your online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without explicit arrangement towards a specific purpose could potentially have a negative influence on the therapeutic relationship. If there are things from your online life that you wishes to share with me, please bring them into the therapy sessions.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online. Engaging with me this way could compromise your confidentiality.

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and have not been in touch via usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resorts to such means, I will fully document it and discuss it with you in the next therapy session.

You may find my practice on sites such as Yelp, Healthgrades, Google Business, Facebook, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. If you should find my listing on any of these sites, please know that this listing is NOT a request for a testimonial, rating, or endorsement from you.

Of course, you have a right to express yourself on any site. But due to confidentiality, I cannot respond to any review on any of these sites. If you do choose to write something on a business review site, you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

8. **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 my scope of competence or practice.

You also have the right to terminate therapy at your discretion, without any obligation, except for fees already incurred. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one termination session. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done.

9. **Client Litigation:** I will not voluntarily participate in any litigation, or custody dispute in which you and another individual or entity are parties. I have a policy of not communicating with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed or ordered by a court of law to appear as a witness in an action involving you, you agree to reimburse therapist for any time spent for preparation, travel, or other time in which I have made himself available for such an appearance at my usual and customary hourly rate of \$ 130.
10. **Record Keeping:** I may take notes during session, and will also produce other notes and records regarding treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are my sole property. I will not alter my normal record keeping process at the request of any client. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records.

I also reserve the right to refuse to produce a copy of the records under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain your records for seven years following termination of therapy. However, after seven years, your records will be destroyed in a manner that preserves your confidentiality.

Please note that I store records electronically on a laptop. The laptop is password protected and each individual record is password protected. These records are backed up on an external hard drive on a regular basis.

11. **Partnership:** Finally, you have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together. Therapy involves a partnership between me and you. As your therapist, I will contribute knowledge, skills and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

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Receipt and Acknowledgement of Informed Consent

Client Name: _____

Date of Birth: _____

Thank you for reading all four pages of the Informed Consent document. Your signature below indicates that you have read and understood this information, and agree to abide by its terms during our professional relationship. You understand that if you have any questions regarding this notice you can contact Corinne Eisenhardt MA, LPCC, NCC.

Client Signature

Date

Parent or Guardian Signature

Date

If you are signing as a personal representative describe your relationship

Corinne Eisenhardt, MA, LPCC, NCC

Date