

**MARY E. SYLVESTER, LMFT**  
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## INFORMED CONSENT AGREEMENT FOR PSYCHOTHERAPY

### **WELCOME TO MY PRACTICE**

This document provides you with important information about my professional services and business policies and how they affect you. Please read it carefully and make note of any questions you want to discuss with me. Once you sign this document, it will become a formal agreement between us and also provide your consent for us to begin therapy.

Our therapeutic relationship is strictly voluntary. At any time during our work together, you have the right to decide to end treatment. If you are thinking about ending therapy, I encourage you to discuss it with me, and if you wish, I will be glad to provide you with names of other mental health providers. During the course of therapy, if I assess that I am either unable or not effective in helping you reach your therapeutic goals, I will discuss this with you, and if appropriate, terminate treatment. I will provide you with appropriate referrals and assist you in the transition to a new therapist if you so desire.

### **APPOINTMENTS**

Each session lasts 50 minutes and will begin at the time agreed with you. Typically, therapy sessions take place on a weekly basis, at a mutually agreed upon time.

During the period of the Coronavirus “shelter in place” order, I am conducting all sessions via my telehealth site, Doxy.me. Each week at the time of our session, please go to <https://doxy.me/marysylvester> and check in and I will join you there.

### **CANCELLATIONS AND RESCHEDULING**

I request that you give me 24 hours notice if you need to cancel or reschedule an appointment. My confidential phone line is (650) 387-2129.

### **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 I believe 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 me to inform that person as well as the legal authorities.
4. If I am ordered by a court to release information as part of a legal issue.
5. When your insurance company is involved, e.g. in filing a claim, insurance audit, case review, or appeal.

Please initial: \_\_\_\_\_

6. In natural disasters whereby protected records may become exposed.
7. As required by the Patriot Act.
8. When otherwise required by law.

### **RELEASE of INFORMATION**

You may be asked to sign a Release of Information so that I may speak with other healthcare professionals or to family members.

### **TELEHEALTH**

Please be advised during the Coronavirus pandemic, all sessions will be conducted via the internet on a secure telehealth site, Doxy.me. For further information about this site you may go directly to the website at <https://doxy.me> or call (844) 436-9663. It is important that I inform you that while this site utilizes state of the art security and encryption protocols to ensure that your privacy is maintained and complies with HIPPA, no online site can guarantee 100% privacy and security.

In signing this informed consent, you are agreeing to utilize this service. Please review and also sign the attached Telehealth Informed Consent. I am happy to answer any questions you may have about this consent form.

The link to my telehealth site is <https://doxy.me/marysylvester>. I will meet you in my virtual waiting room.

### **RECORD KEEPING**

A clinical chart is maintained describing your counseling goals and progress, dates and fees for sessions and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

### **FEES AND PAYMENT**

Your session fee is \$185. Depending on your preference, I can bill you at the end of each month or you may pay at the end of each session.

While I do not take private insurance, I can provide you with the necessary billing information for your health insurance company.

Should my fees prove a financial hardship, I am happy to speak with you about making modified payment arrangements.

### **ADDITIONAL FEES**

Extended sessions and telephone conversations that exceed 15 minutes will be charged a fee based on your regular session fee. Written reports, evaluations authorized or requested by you, or copying of your file follow this same policy.

### **CONTACTING ME**

You may contact me at (650)387-2129 Monday-through Saturday until 6:00pm. I will try my best to reach you within 24 hours of your phone call. On Sunday and holidays, I will only return calls in the case of emergency, otherwise I will return calls on Monday or the next day after the holiday. Phone calls are generally limited to 10 minutes.

Please initial: \_\_\_\_\_

**EMAILING AND TEXTING**

By nature, therapy is confidential. Unfortunately emails and text correspondence is NOT confidential. Though Internet security measures can be effective it is never 100% effective. I strongly discourage you from using email correspondence with me. Further, as to texting I recommend that we limit it to session scheduling, cancellations or delays.

**EMERGENCIES**

If you need to contact me with something that demands immediate attention, you can do so by voicemail at the following number: **650-387-2129, call 911 or go to the nearest emergency room.**

**VACATION POLICIES**

I do take several vacations during the year, usually no more than two weeks in length. I will provide you with advance notice of any upcoming vacations as well as back-up coverage available.

**CONSENT FOR COUNSELING**

By signing below, you are stating that you have read and understood this policy statement and you have had your questions answered to your satisfaction.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary E. Sylvester, LMFT

\_\_\_\_\_  
Date