

Informed Consent for Treatment and Disclosure of Fees

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Information about Sean D. Davis, Ph.D. LMFT:

I have a Bachelor's degree in Family Studies and a Masters degree in Marriage and Family Therapy from Brigham Young University. I have a Doctor of Philosophy (Ph.D.) in Marriage and Family Therapy from Virginia Tech in Blacksburg, Virginia. I did post-doctoral training in Marriage and Family Therapy at the University of Kentucky in Lexington, Kentucky. I have been practicing as a clinician for over 7 years. I currently work full-time as an Assistant Professor of Marriage and Family Therapy at Alliant International University, Sacramento. I was a licensed Marriage and Family Therapist in Kentucky from 2006 to 2007 (License # KY0634). I am currently licensed as a Marriage and Family Therapist in California (License # MFC45885). If you have any questions about my background or experience, please ask.

Fees:

The fee for service is: \$125.00 per individual, family, or couple's therapy session, \$65.00 per group therapy session, and \$200.00 per hour for time in court/ testimony. A session is 45-50 minutes.

Fees are payable at the time that services are rendered. If you wish to discuss a written agreement that specifies an alternative payment procedure, please do so prior to session.

If for some reason you find that you are unable to continue paying for your therapy, please inform me and I will help you consider any options that may be available to you at that time.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled weekly or bi-weekly (sometimes more or less depending on need) at the same time and day if possible. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. *If you do not provide me with at least 24 hours notice in advance, you are responsible for full payment for the missed session.*

Please initial here to indicate your agreement with the fees, scheduling, and cancellation policies _____

Confidentiality:

All communications made in session will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

There are exceptions to confidentiality. Therapists are required to report instances of suspected child or elder abuse. Therapists are also required to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances to provide FBI agents with requested items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

Minors and Confidentiality:

Parents have the legal right to be apprised of the details of their minor (under the age of 18) child's treatment. Parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. However, treatment with a minor often progresses best with a good-faith agreement to confidentiality between the parents and their child so that the child can be assured of his or her confidentiality in therapy sessions. Consequently, I may discuss the *treatment progress* of a minor client with the parent or caretaker, but preferably not details that would decrease trust between the minor and me. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic.

Therapist Availability/ Emergencies:

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. Telephone conversations lasting longer than ten minutes will be billed at the 1/2 hour rate of \$50 per hour.

You may leave a message for me at any time in my confidential voicemail at (916) 565-3513. If you would like for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. **If you have a medical or psychiatric emergency, please call 911 or A.C.C.E.S.S. at 916-787-8860.**

About the Therapy Process:

It is my intention to provide professional services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. Remember, therapy is a service that you purchase, and if you are not happy with the services received, it is your responsibility to make that known so we can discuss any hindrances to your progress. I will also periodically initiate discussions about the progress of treatment.

Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or guarantee a specific outcome or result.

Termination of Therapy:

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination in collaboration with myself. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either you or I may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Signing on the right hand side indicates consent to work with all members of my family under the age of 18 and that this agreement will serve as **“Consent to Treat a Minor Child.”** Please ask if you have any questions.

Adult Client Date

Minor Client Date

Adult Client Date

Minor Client Date

Adult Client Date

Parent or Guardian Date

Therapist Date

Parent or Guardian Date