

Professional Disclosure Statement-Individual Therapy

Holly LaBarbera, LMFT #84042

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Introduction

This agreement is intended to provide you with important information regarding Holly LaBarbera's professional services and business policies. It will provide you with an overview of the therapy process and responsibilities of both Holly LaBarbera (me) as the therapist and you as the client. If you have any questions or concerns regarding the contents of this document, please discuss them with me.

Therapist Qualifications

I, Holly LaBarbera, am licensed with the State of California's Board of Behavioral Sciences as a Licensed Marriage and Family Therapist (LMFT# 84042). A Marriage and Family Therapist is a mental health professional working with children, teens, individual adults, couples, families, and groups to relieve mental, emotional, and relational concerns of all kinds.

My Approach to Therapy

I approach therapy as a partnership with you, working together to help you set and reach your goals. I plan to support you, respect you, be with you on this journey and help guide you a bit when you get stuck. But it is your journey, and you are in charge. Therapy is a relationship, a unique and different relationship. I want to know you, and I want to help you fully know yourself. I hope you will discover how to use your strengths and talents to function with confidence and optimism in meeting life's challenges. I also hope to help you clarify your values and see how they relate to setting priorities and making choices in your life.

Benefits and Risks of Therapy

I hope that therapy will bring you personal insight and awareness, help you cope more effectively with life's challenges, enhance your relationships, inspire hope, and bring deeper meaning and satisfaction to your life. Therapy may result in reduced stress and anxiety; a decrease in negative thoughts and self-sabotaging behaviors; 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 thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

The counseling relationship may give you the opportunity to experience emotions that are new to you. Some of these feelings, such as anger, shame, guilt and sadness, may be uncomfortable and unpleasant. You may relive bad memories. There may be times when I will challenge your perceptions and assumptions, and offer different perspectives. You will always control how much and how quickly you want to share. As you grow and change in therapy, other relationships in your life may be affected, may be put under stress, and may change. During the therapeutic process, many clients find that they feel worse before they feel better. Personal growth and change can be easy and swift at times, but may also be slow and frustrating. Due to the varying nature and severity of problems and the individuality of each client, I cannot predict the length of your therapy or to guarantee a specific outcome or result. Please address any concerns you have regarding your progress in therapy with me.

Confidentiality

The information disclosed by you in therapy is generally confidential and will not be released to any third party without written authorization from you, except when required or permitted by law. Exceptions to confidentiality include reporting child, elder and dependent adult abuse; when a client makes a serious threat of violence towards a reasonably identifiable victim; or when a client is dangerous to him/herself.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information about you.

Records and Record Keeping

I may take notes during session, and will also produce other notes and records regarding your 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 record 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 ten years following termination of therapy. After ten years, your records will be destroyed in a manner that preserves your confidentiality. Notes maybe kept on an online encrypted system. Please discuss with me any issues you have with this process.

Client's Rights and Responsibilities

As a client you deserve to always be treated with respect and dignity. If you have any questions or concerns about my counseling techniques or suggestions, I invite you to discuss them with me. As a client, you are in complete control and may end our counseling relationship at any time, though I do generally recommend that you participate in a termination session. A termination session will give us both an opportunity to reflect on our work together and discuss any issues that may seem unresolved or unclear.

You are in charge of the therapeutic process. Therapy is for your benefit and therefore your willingness and effort are essential to its success. I believe that effective therapy requires a willingness from you to explore the difficult issues that you are facing. I believe that the more honest you are the more you will get out of therapy.

Fee and Fee Arrangements

The usual and customary fee for service is \$125.00 per 50 minute session. I reserve the right to periodically adjust these fees. You will be notified of any fee adjustment in advance. Payment in full is due at the start of each session and can be made by cash, checks, and credit card. You are financially responsible for all charges.

The agreed upon fee between the therapist and client is _____. Client initials: _____

From time-to-time, I may engage in telephone contact with you for purposes other than scheduling sessions. In addition, from time-to-time, I may engage in telephone contact with third parties at your request and with your advance written authorization. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. Clients are expected to pay for services at the time services are rendered.

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any missed session(s). You are also responsible for payment of the agreed upon fee for any session(s) for which you failed to give the therapist at least 24 hours notice of cancellation. Client initials: _____

Insurance

I am not a contracted provider with any insurance company, managed care organization. Should you choose to use your insurance, I will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid.

Availability/Crisis

I have a confidential voicemail system that allows you to leave a message at any time. I will make every effort to return your call the same day or within 24 hours, but I cannot guarantee calls will be returned immediately. If you need someone to speak with immediately you may call CRISIS HOTLINE at 855-278-4204. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911 or go to the nearest emergency room.

Acknowledgement

By signing below, Client acknowledges that you have reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with therapist, and has had any questions with regard to its terms and conditions answered to client’s satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with therapist. Moreover, client agrees to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Name (please print)

Signature of Client

Date

