Daniel O’Donnell LMFT #85630

3 Hamilton Landing Suite 230

Novato CA.94949

707-293-3454

**Informed Consent for Treatment**

Welcome to my practice. This document contains important information about my professional services and business policies and how they may 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 binding agreement between us and also provide your consent for us to begin therapy.

Therapy is a unique and highly individual experience with the outcome determined by the effort and motivation you bring to work towards a change in yourself and how you see the world around you. It can result in a number of benefits to you and can potentially help in your ability to detect, challenge, and change beliefs and attitudes that create, maintain, and worsen feelings of depression, anxiety, panic, anger, frustration, etc. Therapy also has the potential to help you gain new or deeper understanding about your issues and learn new ways of coping with and solving them. However, there is no guarantee that therapy will yield positive or intended results. Because feelings will be explored, you may feel a range of emotions that can be intense and uncomfortable at times. During the course of therapy, some of your assumptions, perceptions, or behaviors maybe challenged, which can cause you to feel very upset, angry, depressed, uncomfortable, confused, or disappointed. I encourage you to explore those feelings during our sessions, as they are part of the therapeutic process. In the attempt to resolve issues that originally brought you to therapy, unintended changes in your personal and interpersonal relationships may result.

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 the 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.

If you are seeing me for couples or family therapy, I consider your relationship to be the client. During the course of our work, I may see one of you individually for one or more sessions or for part of a session. These sessions should be seen as part of the work that I am doing with the couple or family unless otherwise indicated. Please know that anything we discuss when your partner or family member is not present may be disclosed to them if, in my best judgment, doing so is necessary to effectively help your relationship. Other than that, I will not disclose confidential information about your treatment to anyone else unless all persons who participate in the treatment provide permission to release such information.

**Meetings**

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 time.

**Fees and Payment**

My standard fee for service is $120.00 per 50 minute session. You will be expected to pay for each session at the time it is held. At this time, I accept cash, check or credit card.

I am not a provider for any insurance companies at this time but can create what is called a *Super Bill* for you at the end of each month which details the number of sessions which you can submit to your insurance company. You would pay me my full fee and then get reimbursed for part (amount varies for each insurance company) of the payment after submitting the Super Bill. Please ask your insurance company if they will reimburse for outpatient psychotherapy from a Licensed Marriage and Family Therapist working in private practice. If yes, ask if they will accept a Super Bill completed by the therapist and then reimburse you for services.

**Cancellations and Rescheduling**  
If you need to cancel or reschedule a meeting, please notify me by telephoning my office at least 24 hours in advance of our scheduled meeting or you will be responsible for full payment for the session.  
Keep in mind that insurance companies do not reimburse you for a missed session or a late cancellation.

**DUAL RELATIONSHIPS**

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. Please discuss this with me if you have questions or concerns.

**PROFESSIONAL RECORDS**

I am required to keep appropriate records of the psychological services that I provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a general mention of the topics discussed. You have the right to a copy of your file at any time. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location in the office.

**CONFIDENTIALITY**

Law generally protects the confidentiality of all communications between a client and a psychologist and I, as your therapist, cannot and will not tell anyone else what you have discussed or even that you are in therapy without your written permission. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. With the exception of certain specific situations described below, you have the right to confidentiality of your therapy. You, on the other hand, may request that information is shared with whomever you choose and you may revoke that permission in writing at any time.

There are, however, several exceptions in which I am legally bound to take action even though that requires revealing some information about a clients treatment. If at all possible, I will make every attempt to inform you when these will have to be put into effect. The legal exceptions to confidentiality include, but are not limited, to the following:

1. If there is good reason to believe you are threatening serious bodily harm to yourself or others. If I believe a client is threatening serious bodily harm to another, I may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to him/herself or another, I may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.

2. If there is good reason to suspect, or evidence of, abuse and/or neglect toward children, the elderly or disabled persons. In such a situation, I am required by law to file a report with the appropriate state agency.

3. In response to a court order or where otherwise required by law.

4. To the extent necessary for emergency medical care to be rendered.

Finally, there are times when I find it beneficial to consult with colleagues as part of my practice for mutual professional consultation. Your name and unique identifying characteristics will not be disclosed. The consultant is also legally bound to keep the information confidential.

**CONTACTING ME**

I am often not immediately available by telephone. While I am usually in the office during normal business hours, I do not answer the phone when I am with a client. If you need to contact me between sessions, please leave a message for me at 707-293-3454. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance. I will also let you know who I have covering for me during my absence. I try and return all non-emergency calls within 24-48 hours

If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24-hour emergency psychiatric service:

Call 911 or Marin Emergency Psychiatric Services at 415-473-6666.

Agreement

I have read this information fully and completely, I have discussed any questions I had about the information, and I understand the information. I acknowledge that it is my choice to participate in psychotherapy (or have my child participate). I realize that the outcome of therapy depends upon my personal investment in the therapy process. I have familiarized myself with the fees and charges for services provided by Daniel O’Donnell M.Ed.,LMFT. and I understand and agree that the therapeutic services rendered will be charged to me and not to any third-party payer. I acknowledge responsibility for payment of these services.

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Signature of Client (Parent) Date

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Signature of Client (Parent) Date

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Signature of Child Date

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Signature of Therapist Date