

GrowWithTherapy  
Dana Fogel-Stark, LMFT  
23603 Park Sorrento Road  
Calabasas, CA 91302

## **Consent For Services**

Welcome to my practice. I am providing you with this document that contains information about my professional services and business policies. Please read it carefully and let me know if you have any questions so that we can discuss them.

**Confidentiality:** As we begin our work together, I would like to emphasize my understanding that your health care information is personal and I will be committed to protecting your health care information during the course of treatment. It is therefore important to clarify the confidential nature of the therapeutic relationship. All information between therapist and client is held strictly confidential and may not be disclosed without your written permission. There are several exceptions to this rule, that by law may require for me to disclose your health care information. The following exceptions describe different ways that I may need to disclose information shared in the therapeutic relationship:

- Should a client disclose to me any suspected child abuse, current or past, of a minor child, I am required by law (Section 11161.5 of the California Penal Code) to report this to the Department of Children and Family Services.
- Should a client disclose to me any suspected elder/dependent adult abuse, I am required by law to report this to Adult Protective Services.
- If I believe that a client truly intends to harm him/herself, I will first make every effort to enlist the client's cooperation in ensuring his/her safety. If I am unable to do this, by law I may need to take further measures to ensure the client's safety without the client's permission.
- If I believe that a client actually intends to do physical harm to someone else, I must notify the police and the intended victim.

I appreciate your understanding and acceptance of my legal responsibility in the above situations and I would like to assure you that every effort is made to handle your treatment in a sensitive and caring manner. If you have any questions or concerns, please discuss them with me.

Communication between therapist and clients who are minors (under the age of 18) are confidential. However, parents who provide authorization for their child's treatment are often involved in their treatment. Therefore, as a therapist I will use my professional judgment with level of disclosure.

Monthly Statement of Professional Services for insurance purposes may be sent to you via email throughout the course of treatment. Please be aware that mailing cannot guarantee the security of the confidential information.

**The Process of Therapy:** The therapy process can be very helpful in promoting and enhancing emotional well-being, such as improving interpersonal relationships and resolving the issues and concerns that led you to seek therapy. Motivation is a key factor that predicts improvement; therefore, it requires your active

involvement and openness in order to create change. The therapy process involves various stages, including assessment and exploration, goal setting, working stage, and termination. Each of the stages may need to be revised from time to time as the process and issues unfold. While the benefits of therapy are tremendous, there are some risks of which one should be aware. Therapy can bring up emotional awareness that can cause pain or discomfort despite its benefit. Psychotherapy may result in behavior and lifestyle changes that has the possibility of being seen as negative by someone you closely relate to. There is no guarantee that psychotherapy will yield positive or intended results.

**Therapy Sessions & Fee:** Therapy Sessions are scheduled for clients on a weekly basis and consist of either 45 minute or 1hour sessions. The fee for a 45 minute session is \$250 and 1 hour sessions are \$325. Telephone conversations, site visits, report writing and reading, consultation with other professionals, reading records, longer sessions etc. will be charged at the same rate, unless indicated and agreed otherwise. If you have a health insurance policy, I will be able to provide you with a Statement of Professional Services for you to submit to your insurance company for reimbursement. It is important that you contact your insurance and find out exactly what mental health service your insurance policy covers and what percentage they will reimburse you. I will assist you by giving you the statement you need for your insurance company, however, you, not your insurance company, are responsible for payment of my fees.

**Cancelation Policy:** Therapy appointments are reserved for each client on a weekly basis. Therefore, should you need to cancel an appointment, please do so within 24 hours in advance, otherwise a charge will be submitted.

**Contacting Me & Emergency Procedures:** I can be reached on my confidential voicemail and will contact you at my earliest convenience. If you have an emergency and cannot reach me, please contact 911 and/or go to the nearest hospital immediately.

The undersigned client or responsible adult consents to and authorizes treatment services with Dana Fogel-Stark, LMFT. The signature below indicates that I am informed and understand the information in this document and agree to abide by its terms during our professional relationship.

---

Client's Printed Name

---

Client's signature

---

Guardian's Printed Name (if client is a minor)

---

Guardian's Signature