

## Professional Disclosure Statement and Informed Consent

As a Licensed Marriage and Family Therapist in California, I provide counseling services within the ethical guidelines of the California Board of Behavioral Sciences. I earned my Masters of Science in Counseling Psychology from California Lutheran University in May 2013. My education also includes Bachelors of Arts degree in Criminal Justice, which cultivated my interest in human behavior. I have counseling experience with children, adolescent, adult, veterans, individual, couples, family and group therapy for issues ranging from anxiety, post-traumatic stress, trauma, mild mood disturbances, client's with both mental health and substance abuse diagnosis, emotional and/or behavioral problems, grief/loss.

Initial \_\_\_\_\_

### **Counseling Approach:**

I integrate techniques from various therapies including (not limited to) solution-focused therapy, cognitive therapy, accelerated resolution therapy (ART), stages of change model.

Solution-focused therapy is a strengths-based approach, collaborating with clients to cultivate skills and resources and improve quality of life. Solution-focused is used to help empower the client to advocate for themselves, while learning their triggers and gain coping skills. This approach is a journey that includes the client developing hope, confidence, personal responsibility, psycho-education skills, and self-advocacy leading to mental wellness.

Together we will explore your experiences and relationships and work toward your identified goals. My role is to listen without judgment, ask questions, and provide feedback to help you process your thoughts, feelings, choices and desired outcomes. You are the expert on your life and have the ability to work to change your experience. We may collaborate on activities for you to work on outside of therapy in order to help you achieve your goals. **If ART therapy is utilized, a separate consent form will be provided.**

Initial \_\_\_\_\_

### **Risks and Benefits of Counseling:**

The process of creating change through counseling can involve risks such as dealing with traumatic events, painful emotions, and the unpredictable/unforeseen memories that might come to awareness as a result of therapy. And, though it can be potentially difficult and/or uncomfortable at times, it can also be extremely rewarding. Counseling is a process that takes time, self-assessment, commitment, and openness to change. It is my role as your therapist to collaborate with you and guide you in working through the difficulties to reach the rewards of your efforts. We will regularly assess your goals and the effectiveness of our sessions. During our work together, you may be assessed for a diagnosis, which becomes a permanent part of your client record. Please review your rights under HIPAA regulations. You may ask questions about the process at any time and it is also your right to terminate your counseling sessions at any time.

Initial \_\_\_\_\_

**Ethics and Competency:**

As an LMFT, I am obligated to abide by the ethical codes and laws relevant to the counseling profession including the California Board of Behavioral Sciences, and California Marriage and Family Therapist code of ethics. As part of my ethical obligation I must only provide services to clients who I am competent to serve. If I determine that your needs are outside of my scope of expertise, or scope of practice I can make referrals to other mental health providers. A referral can also be made to an alternate provider at your request for any reason. All counseling comes to an end at some point, which is called termination and together we will determine when that is appropriate or needed. We will work together to find appropriate services to meet your needs throughout the therapeutic process.

Initial \_\_\_\_\_

**Dual Relationships:**

Entering into anything other than a therapeutic relationship with client is strictly prohibited by the ethical codes I practice under and is called a dual relationship. We will not have any other roles in each other's lives outside of the client/counselor roles. This boundary continues even after counseling is terminated and helps to protect your confidentiality. This is an ethical obligation that benefits you by allowing me to serve as a counselor rather than a friend. I do not initiate contact with clients in public places or communicate online through social networking sites (Facebook, twitter, Instagram, snapchat) to protect this boundary and your confidentiality.

Initial \_\_\_\_\_

**Confidentiality:**

Information discussed in our counseling sessions will remain confidential, except in circumstances that are mandated by law, or by the ethical guidelines of the California Board of Behavioral Sciences. I may break confidentiality if:

You make written request for the release of information or you request for diagnosis information (if applicable) to be released on a receipt for payment purposes to any third-party payer.

There is risk of serious or imminent harm to any person (yourself or another person), or if you disclose your intent to harm someone, I may be obligated to alert an at-risk third party, and authorities or, I have reason to suspect that a minor-aged child, developmentally disabled, or an elderly person is in danger of being abused or neglected. I am legally obligated to report this to the appropriate law enforcement and/or County Services.

I am ordered to release confidential information by a court of law, at which time I will only release the minimum required to comply with the order protecting your confidentiality to the best of my ability.

Initial \_\_\_\_\_

**Payment, Cancellations, and Session Limits:**

Individual, and couple sessions are a flat rate of \$75 per 50-minute session, and \$90 per 75-minute ART session. If you need services and feel you will have difficulty making payment,

please feel free to discuss this with me to see if your needs can be accommodated with a sliding fee scale.

I do not bill insurance, I operate on a self-pay cash basis, or credit/debit card. However, I will give you a receipt (superbill) that has all necessary information for you to submit to your insurance company for your out of network benefits. I will ask for a credit or debit card to keep on file for this purpose, the card will be charged at your session rate by end of session day. Except in cases of emergency, you will be billed at your session rate for a missed appointment not cancelled at least 24-hours prior to your appointment. Because counseling is a voluntary process for both parties, if you repeatedly miss or cancel appointments, I reserve the right to terminate services.

Initial \_\_\_\_

**Complaints:**

There are no guarantees that counseling will help you achieve your goals; therefore, I cannot provide any guarantees. If you have any problems with my counseling services, interventions used or ethics, please talk with me about it. I strive to provide the best services I can, and I want to make the appropriate adjustments if you are not satisfied. You may also contact or file a complaint with the California Board of Behavioral Sciences (<http://bbs.ca.gov>)

Initial \_\_\_\_

**Emergencies, Phone Sessions, and Email:**

In the event of an emergency, please dial 911 or go to the emergency room. If you cannot reach me immediately by telephone during a crisis, you or your family should contact Mobile Crisis Line at 1-866-431-2478 for 24-hour crisis services. As a private practitioner, I am not on call or available 24 hours a day. Often, I am with clients or away from my phone, if it is not an emergency please leave a message and I will try to return messages the same day, usually within 24 hours except when noted on voicemail message (vacations/holidays, etc.).

I generally do not offer phone sessions except in a crisis situation because I have found face to face interactions to be more effective. Phone sessions, if necessary, will be billed at the rate of \$ 15.00 per 15 minutes.

I try to minimize my interaction with clients by email due to it not being a secure form of communication, and vulnerabilities with protecting confidentiality. If you are in need of changing an appointment or making an appointment you may email me if you are comfortable at: [m.r.darcylmft@gmail.com](mailto:m.r.darcylmft@gmail.com), please keep clinical details in the email to a minimum.

Initial \_\_\_\_

**Emergency Contact Information:**

If there is an emergency during the time we are working together, or if I become concerned about your personal safety, I may need to contact your emergency person.

By initialing here, I authorize Michael R. Darcy, LMFT to contact my designated emergency contact person in the event of an emergency.

Initial \_\_\_\_

Please write the name and contact information of your chosen contact person in the space provided below:

Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

#### Request for Services

I understand I may ask questions about this disclosure and the counseling process at any time. I may also discontinue services at any time. By signing below, I acknowledge I have read and understand this disclosure, and I am requesting counseling services from Mike Darcy, LMFT

\_\_\_\_\_

Client Signature

Date

\_\_\_\_\_

Clinician Signature

Date