Bren J Fraser M.A. MFT 45649 Licensed Marriage and Family Therapist

805-965-0448

TREATMENT AGREEMENT & INFORMED CONSENT

Adolescent/Minor

In order for me to provide the most timely and efficient service to you and your family, we need to share similar ideas about treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

Therapy

- Treatment is voluntary. If at any time you decide you no longer want to pursue services, you are free to do so.
- While therapy has assisted many people to attain healthier, happier and more fulfilled lives, the process is not necessarily easy or pain-free. It is not unreasonable to expect that in the course of longer-term therapy, one might review historical events or feelings that are unpleasant to recall. It is therefore not unusual for clients to have the experience of feeling worse, instead of better, during any one particular session. This is generally a temporary occurrence and depends on the individual's experience and history.
- Sessions are usually once per week and are 50 minutes in length, although treatment plans may allow for variations in this.
- It is my intention to provide services that will assist you in reaching your goals. Based on the information that you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that we are partners in the therapeutic process. I will periodically provide feedback to you regarding your progress and will invite your participation in the discussion. 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 to guarantee a specific outcome.
- It is important to feel comfortable with your therapist. If you find that after several sessions that you are not comfortable with my particular therapy style, I encourage you to discuss this with me openly, so that I may refer you to another clinician that may be a better fit for you or your family.

Office Policies:

- Fees for individual sessions are $225 for 50 minutes. Fees are subject to change with advanced notice. If you have an insurance contract in place you are responsible for your co-pay. I am on the following insurance panel: MHN
- Full fee must be submitted at the beginning of each session by venmo/check/cash/card/FSA or HSA card
- Aside from instances of illness/emergency, cancelations without fee must be made via phone 24-hrs. in advance.

Services I do not provide:

- Written evaluations for use in litigation. I may, however, provide evaluations regarding a client's mental health issues and progress upon request.
- Psychological testing.

Confidentiality shall be maintained in all but the following situations:

- Authorization of release of information.
- Client states intent to harm another person.
- Client presents as a threat to harm self.
- Client reports being a victim of a crime.
- Disclosure of child or elder abuse, including: emotional, physical, or sexual abuse. Neglect. Witness of domestic violence.

Telephone, Electronic, and Mail Contact

Your confidentiality is always compromised when communicating by electronic devices or mail. Your use of such means of communication with me constitutes implied consent for reciprocal use of electronic and mail communication.

Emergency Information

I check messages periodically throughout the day and return calls at least once per day during normal business hours. If you need to speak with me urgently, please call rather than using email. If you are unable to wait for me to return your call, you are advised to contact Santa Barbara County Mental Health (805-884-1650), or in an emergency, call 911. When I am out of town for a week or more, I typically make arrangements for a colleague to consult with clients, in urgent situations.

I have read and understand this document and I voluntarily agree to participate in this treatment. As parent and/or legal guardian of the below named child, I give my permission for my child to participate in this treatment.

Minor Child: ____

Parent/Guardian Signature   Date

Parent/Guardian Signature   Date

Bren Fraser , MFT   Date