

# MIDTOWN ART THERAPY

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700 Alhambra Blvd. Lower ■ Sacramento, CA 95816

(916) 835-9034

## Psychotherapy Information

By signing this contract you are agreeing to enter into a treatment relationship with Kate O'Malley, an Associate Marriage and Family Therapist (AMFT#111819), supervised by Majica Phillips, MFT, ATR (MFC#45502).

**FEES:** Fees are payable at the time services are provided and the fee is \$\_\_\_\_\_ for a 50 minute session. I reserve the right to periodically adjust fees and you will be notified of any changes 30 days in advance. Payment may be made by credit card, check or cash.

**MISSED/CANCELLED APPOINTMENTS:** Continuity is important in the therapeutic process, but if you need to cancel an appointment, please contact me at least 24 hours prior to the session or you will be responsible for paying for the missed session.

**TELEPHONE CALLS:** A private message can be left on my confidential voice mail. I check messages throughout the day and will return call as soon as possible. If your call is not returned within 24 hours, please call again as errors can occur and messages may be inadvertently erased. If your situation is an emergency, please make that clear in the message, and I will make every effort to contact you immediately. I am unable to provide 24-hour crisis service. In the event that you or a family member feels unsafe or requires medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

**CONFIDENTIALITY:** One of the important rights you have as a client involves confidentiality. With certain exceptions, information revealed by you during therapy will be kept confidential (including the fact that you are a client). This information will not be revealed to others outside this office without your written permission. However, there are certain situations when I am required by law, or permitted by law, to reveal information obtained during therapy to another person or agency without your authorization. This generally involves situations where there is suspected harm to minors or elders or a client's threat to harm self or others.

**CHILD AND FAMILY THERAPY:** A minor client will benefit most from psychotherapy when his/her parents, guardians, or other caretakers are supportive of the therapeutic process. If your child is the client, you are an important part of the therapeutic process and your ongoing involvement is essential for the best outcome. You may be asked to be involved in each session for all or part of the session. Family sessions also work best if parents are regularly involved. It is our policy that children are never left unattended in the waiting area.

**TREATMENT OF A MINOR:** I generally require the consent of both parents prior to providing any services to minor children. If any questions exist I may ask you to provide supporting legal documentation, such as custody order, prior to commencement of services.

**PROFESSIONAL CONSULTATION:** Professional consultation is an important component of a healthy psychotherapy practice. I regularly participate in clinical, ethical and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your family.

**TERMINATION OF THERAPY:** I have the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs which are outside my scope of competency or practice, or therapy does not seem to be benefiting

the client. You or your representative has the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that the client participate in at least one terminating session, which is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering referrals to other therapists.

**RISKS AND BENEFITS OF THERAPY:** Psychotherapy involves change, which may feel threatening not only to you but also to those people close to you. At times you may feel more vulnerable as you face destructive or painful information and behaviors. At the same time, psychotherapy can aid you in discovering tools and techniques that you can use to improve the quality of your life and your relationships.

As the client you have the right to ask questions of your therapist about professional qualifications, treatment objectives, and the plan of your therapy at any time in the therapeutic process.

**I HAVE READ AND UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED ON THIS AND THE PREVIOUS PAGE OF THIS CONTRACT AND I HAVE RECEIVED THE NOTICE OF PRIVACY POLICIES.**

This consent refers to services to be provided for:

The adult client(s) listed below

The dependent client(s) and the Parent/Guardian listed below

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Client name (Print)	Signature	Date
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Client name (Print)	Signature	Date
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Client name (Print)	Signature	Date
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Parent/Guardian Name (Print)	Signature	Date
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Parent/Guardian Name (Print)	Signature	Date
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This contract was reviewed with the client(s) or the Parent/Guardian for dependent client(s) named above during their appointment on \_\_\_/\_\_\_/\_\_\_, and a copy of the document was provided to the client(s)/Parent/Guardian(s).

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Kate O'Malley (AMFT111819)	Date
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Supervisor: Majica Phillips, MFT, ATR (MFC45502)	Date
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