

Tatra-Li de la Rosa, LMFT, 83945

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CONSENT TO THERAPY

Tatra-Li de la Rosa offers counseling services to individuals, couples, families, adolescents and children as a Licensed Marriage and Family Therapist #83945. To be successful, the therapeutic process requires a commitment from both of us. I agree to act in an ethical manner, to use the skills and training I have, and to treat you and your family with respect, understanding and dignity. So that you may fully realize the benefits of therapy, I ask that you agree to the following:

Therapy sessions are weekly, unless otherwise planned for and discussed with me in advance. Please arrive on time for your appointments. If you are more than **15** minutes late and have not called, emailed or texted me, I will consider the session canceled without notice.

Call, email or text me at least **24** hours in advance if you must cancel or request a change in our scheduled appointment. Failure to provide 24 hour advance notice of a canceled appointment will require full payment of the missed appointment and may be an indicator of a clinical issue that prompts termination.

At the **end-phase** of therapy, we may both agree that reducing sessions to “every other” week might be beneficial, rather than ending completely. During the end-phase, we may be working toward reinforcing new patterns of interaction and working together to maintain new perspectives and changes. As it is the end-phase, I would expect that this period lasts no more than 3-6 months. In the case that therapeutic goals are not attained/sustained in this period, I may request that you switch back to weekly therapy so that we can be most effective. Please note that my fee increases for “every other” week clients due to the additional work that accompanies these appointments.

In addition, changing to every other week is dependent on my availability, which is *limited* and may not be immediately available, in which case you will need to decide whether to continue weekly sessions or to end (or “pause” therapy until an “every other” appointment time slot becomes available).

Fees are based on a 50-minute hour and are subject to a potential annual increase. You will be given a minimum of one month’s notice of any increase. You can anticipate me being unavailable for anywhere from 4-6 weeks of each year and I will let you know the dates of my absence well in advance.

CONFIDENTIALITY

While counseling is generally confidential, where there is a risk of harm to self or others, child abuse or elder or dependent adult abuse, or other legal requirements, I may be required to release information to protect clients or others.

To best protect our work together, I will not willingly participate in any court proceedings of any kind, including divorce or child custody disputes. Your therapy records *may* be subject to subpoena if you are the plaintiff in a civil case or if you are the defendant in a criminal case.

Part of the ethical practice of therapy may also involve professional consultation with other licensed professionals (LPCC's, LMFT's, PhD's, MD's and so forth) in which the details or particulars of the material we are working on together may be disclosed. Unless express permission is given by you, every effort is made to conceal your identity to protect your confidentiality.

In the cases where we utilize telephone or internet communications, all efforts on both of our parts will be taken to maintain privacy and confidentiality, although there is always an increased risk to both of these forms of communication.

RISKS OF THERAPY

While most people find therapy to be beneficial, there are times when you may feel worse than when you came in, or you may have unexpected emotional reactions to material that we discuss. This is not always the case, but a possibility. Should this occur, please bring it up to me as soon as possible so that we may attempt to resolve any difficulties you may be having. For most people, the benefits of therapy far outweigh the potential risks.

TELEPHONE CONTACT

My phone number is **707-536-5069**. This number has a 24-hour voice mail system which will be checked regularly by me. Text messages are accepted on this number. Please expect to have your call or text returned within 24 hours. If there is an emergency and you cannot wait for my response, please call **911** or the Sonoma County Mental Health Hotline: **707-576-8181**, or go to your nearest hospital emergency room.

TERMINATION

The decision to end therapy may be initiated by you or me. My goal is to make this process as mutual as possible. Termination is as important as any other phase of therapy and I request that we make the time to discuss it during a counseling session so that we can bring closure to our work together. If appropriate, we can clarify your needs and I can give you referrals. I may terminate therapy if 1) you are delinquent in your payments or 2) you have repeated cancellations such that therapeutic progress cannot be made or 3) it is my determination that the therapy or our therapeutic relationship is ineffective and that you would be better served with a referral to other providers.

COMPLAINTS

All therapists are required by law to provide you with information for filing complaints. They may be filed with the Board of Behavioral Sciences at:

<https://www.breeze.ca.gov/datamart/mainMenu.do;jsessionid=TyZQDfjUPEEHUsBdY2tJolBxtujehNVf7jkwCfep.dca-fp-98-o-02>.

I read, understand and agree to abide by these policies.

*If we are working remotely, you may email me your current address and DOB as a form of consent OR you may print, sign and scan/photograph and email this page back to me as well!

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Current Address		_____ Current Address	
_____ Date of Birth		_____ Date of Birth	