

Informed Consent

The Nature of Therapy

Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires openness, honesty, and effort on your part and may result in your experiencing discomfort along your path toward healing. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering unpleasant events and resolving them through therapy can bring on strong feelings of anger, depression, and fear. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes in relationships that were not originally intended. It is the therapist's goal to aid in making positive changes and bring about healing.

Jason (Jay) Springsted is a Licensed Marriage and Family Therapist (License #LMFT77401).

Office Policies

Fees: Counseling services are based on a sliding scale fee.

Payment: Payment is expected at the time of services unless otherwise arranged. Payment can be made via cash, personal check, or credit/debit card.

Appointments: Appointments may be scheduled by contacting Jay Springsted by telephone at 951-374-0007 or email at jayspringsted@gmail.com. All appointments are 50-55 minutes of therapy, unless otherwise arranged.

Cancellation: If an appointment cannot be kept, please contact the counselor to cancel at least 24 hours in advance. Appointments not kept or previously cancelled will be viewed as a no-show. There is no charge for the first no-show. Subsequent no-shows will be billed the full fee for your session. Repeated absences may jeopardize continued treatment. Punctual attendance to all scheduled appointments is necessary. If you are more than 15 minutes late to an appointment, your appointment will be rescheduled, and no services will be rendered that day. This is also considered a no-show.

_____ Client Initials

Communication: Jay works out of multiple locations and may not respond to messages daily. He will respond to your voicemail and email messages within 3 days. Jay is an individual clinician, not a crisis clinic; if you have an urgent need, please contact Riverside County Helpline at 951-686-4357, or San Bernardino County Helpline at 909-458-9628. All emergency calls should be placed to 911, and you can ask for assistance getting to a psychiatric hospital if necessary. Email is appropriate for scheduling issues and other administrative tasks, but not for counseling. It is acceptable to send Jay information via email, but any therapeutic response will be addressed during your next session. Email is not to be used by the therapist for therapeutic communication.

Confidentiality

The issue of confidentiality is an important issue. By law, you have the right to confidentiality, and your therapist is prohibited from revealing that is discussed in therapy. Your records will be held in strict confidence except where disclosure is required by the law and/or as noted in this section. In the State of California, there are several instances where your therapist or other healthcare workers must set aside your right to privacy without your permission.

1. All therapists are mandated reporters and are required by law to report when any participant in therapy specifically or vaguely discloses information possibly indicating current or past sexual abuse, physical abuse, or neglect of a child, elder, or dependent adult.
2. All therapists must notify the local authorities and/or the person(s) in danger if your therapist believes, from information that you disclose (or from information that your family discloses), that you are a danger to yourself or to someone else.
3. During court proceedings, the Judge's ruling supersedes your right to confidentiality. The attorney may subpoena your records, take your therapist's deposition, have your therapist appear in court, or all three. Your therapist must break confidentiality if the Judge makes such an order. This usually occurs then you waive or tender your emotional condition pursuant to a legal proceeding.
4. Confidentiality will be set aside when the client is under 16 and has been a victim of a crime specified in Penal Code section 111.60 (i.e., injuries by deadly weapon, assault or abusive conduct).
5. When any client has treated the information as if it were not confidential, the information is no longer confidential. Examples: a client verbally disclosed the information to a third party outside the therapy setting; Client has signed a written release covering specific disclosures such as to a doctor, school staff, associated therapist, or other agency.
6. Other office staff may have access to your information for scheduling, filing, billing, and other necessary functions. All staff will protect your confidentiality.

Consent to Treatment

I _____ consent and agree voluntarily to receive counseling from Jay Springsted. These services may include, but are not limited to, diagnostic assessment, crisis intervention, consultation, referrals to other professionals, and individual, group, and/or family therapy. I understand that I have the right to terminate treatment at any time. I also understand that I have the right to refuse to implement any recommendations, psychological interventions, or any treatment procedure. I understand that I am expected to benefit from treatment, but there is no implied or expressed guarantee that I will.

I have received, read, and understood the above information. Additionally, I have received the Notice of Privacy Practices according to the HIPPA (Health Insurance Portability and Accountability Act of 1996).

Client Signature

Date

Parent(s) Signature

Date