

Melanie Reyes, MA, LMFT
Licensed Marriage and Family Therapist #92642
Lives Renewed Counseling Services

PO Box 883
Orange, CA 92856
Phone: 949-424-3717
livesrenewedcounseling@gmail.com
www.melanierescounseling.com

CONSENT TO THERAPY

I understand that Melanie Reyes is a Licensed Marriage and Family Therapist in the State of California. I further understand it is my responsibility to continue my medication and remain under the care of my primary physician or any other licensed professional.

I apply for and consent to therapy as prescribed by the Therapist. I agree I am responsible for the payment of ____ for each 45-50 minute individual session, ____ for each 45-50 minute couples session.

Cash/Check (payable to Melanie Reyes) exact payment is due and **payable at the time of each session**. Sessions that run over the allotted time will be charged a prorated hourly fee. Phone and/or email consultations for non-emergency issues will also be charged at a prorated hourly fee.

APPOINTMENTS AND CANCELLATIONS

Therapy sessions last 45-50 minutes and are typically scheduled weekly. Appointments must be made in advance.

If you are unable to keep your scheduled appointment, I ask that you provide at least 24 hours notice. Once an appointment hour is set, this time is set aside for you, and thus, you will be expected to pay the full session fee unless you provide advance notice of cancellation.

CONFIDENTIALITY

All information given during treatment is held in the strictest confidence and no information will be shared without the client's written permission.

There are four exceptions to the above statement, as required or permitted by law:

A. When the client threatens suicide, the law demands that the counselor report this situation to the appropriate legal authorities and someone close to the client who can possibly help at the time of the threat.

B. When the client threatens harm to another person(s), including murder, assault, and/or other physical harm, the law demands the counselor report this situation to the appropriate legal authorities.

C. If the client reports his/her involvement in any act against a child which is considered abuse of that child, including excessive physical beating, neglect, and/or molestation, or if the client reports his/her involvement in any act considered physically abusive against a dependent adult or elder adult; or if the client reports knowledge of such an act by another, the law mandates that the counselor report this involvement or knowledge to the appropriate legal authorities.

D. In litigation, where your mental health is an issue, your counselor may be subpoenaed to court and required to reveal the status of your mental health.

While this written summary of exceptions to confidentiality should provide helpful information to you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

THERAPY SERVICES

Your feelings about the counseling experience and your counselor are very important. I encourage you to discuss any questions, confusion, or frustrations you experience so that they do not become obstacles to your treatment. I believe you are the best authority on whether or not a treatment relationship will be helpful.

Our first few sessions will involve an evaluation of your needs and problems. By the end of the evaluation, I will be able to offer you some first impressions as to why you are experiencing the problems you have presented and what treatment I would recommend. You should evaluate this information along with your own opinions and questions about the treatment and working with me as your therapist.

