



Sasha Esposito San Román
Marriage and Family Therapist, Inc.
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Licensed Marriage and Family Therapist MFC#37388

Informed Consent for Treatment

I will work to provide the most effective treatment possible. Most clients undergoing psychotherapy experience improvement, however, this cannot be guaranteed. Psychotherapy may involve a variety of different activities. Therapeutic services are designed to resolve or reduce any problems found in initial and ongoing assessments. There may be individual, and/or family sessions. Therapy may focus on feelings, thoughts, relationships, and/or behaviors.

Psychotherapists have professional training and you have the right to inquire fully about my credentials, education and experience. Psychotherapy involves complete confidentiality between family and clinician. However, current laws and ethics require all therapists to make exceptions in the following circumstances to break confidence.

- The client presents a clear and present danger to self or others.
- The client communicates to the therapist a threat of physical violence against a clearly identified or reasonably identifiable victim, or the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The client introduces his or her mental condition as a defense in a legal proceeding.
- In child custody or adoption cases, the judge determines that the therapist has information bearing significantly on the client's ability to provide suitable care.
- The client initiates legal action against the therapist.
- The therapist has grounds to believe a child under the age of 18 or an elderly person (over age 60), or a handicapped adult, has been or is at risk of being abused or neglected.
- The therapist has reason to believe a health care professional has engaged in professional misconduct.
- A judge orders the therapist to release client information.

I confirm by my signature on this form that I consent to treatment, and that I understand and consent to the conditions described above.

Signature

Date

Please Print Name

Please initial the following to indicate your agreement/consent:

_____ Agreed fee is \$180 per 50 minute psychotherapeutic hour (or as otherwise agreed: \$ _____)
 & \$205 home visit pr 50 minute psychotherapeutic hour (or as otherwise agreed: \$ _____)