

**E L E N A V L A D U, M. S.**  
Licensed Marriage and Family Therapist  
**INDIVIDUAL / COUPLES**

**INFORMED CONSENT TO TREATMENT AGREEMENT**

Thank you for considering me for your therapeutic needs. Therapy creates a relationship that is close and personal, but also must be kept in a professional context. These guidelines are designed to help set the boundaries and expectations of our relationship. Please read and discuss with me any questions you may have about treatment.

**PROCESS OF THERAPY:**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that lead you to seek therapy. However, to achieve these results, psychotherapy requires your very active effort, involvement, honesty, and openness. Moreover, because each client's needs and preferences are different, your ongoing feedback to me about your therapy, its progress, what works and what does not work for you is essential to ensure you get the most out of your treatment.

You should know that there are risks associated with therapy. On occasion, symptoms get worse before they get better. Exploration of current challenges can lead to emotional discomfort or re-experiencing old hurts, losses, or sad events. In addition, making changes to interpersonal relationships may be uncomfortable for you and may be viewed negatively by others who preferred you as you were. While at times change can come swiftly, it is important to recognize that long-standing patterns often do not change quickly and that making changes to these patterns requires dedication and effort.

**CONFIDENTIALITY:**

All information disclosed within sessions and the written records pertaining to those sessions are confidential. I will not reveal your information to anyone without your written permission except where disclosure is required by law.

Secrets policy for couples: Unless a secret is clearly not relevant to therapy, I do not keep secrets for one party in a couple from the other party in the couple.

*Legal and ethical limits to confidentiality:* You should be aware that the law mandates that a report be made where there is a reasonable suspicion of child, dependent or elder abuse or neglect. Also, I am required to breach confidentiality where a client presents a danger to self or to others. In addition, a court of law may order the release of clinical records.

*Using health insurance:* I am currently a network provider for Anthem Blue Cross. For clients using other health insurance carriers, if you choose to seek reimbursement, I will provide the information required for processing your claim to you or to your insurer. Insurance coverage is intended for healthcare related to accidents and illnesses. Therefore, most providers require disclosure of a *mental illness diagnosis* for reimbursement. If you are concerned about the confidentiality of this information, you should contact your insurance carrier.

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**PAYMENTS AND INSURANCE:**

My current fee for individual therapy sessions is \$100 per 50-minute session and \$150.00 per 90-minute couples/family session, payable at the beginning of each session. Payment can be made by check, credit card, or cash (correct change is appreciated). *It is appreciated if you make your check out in advance to save time in the session, payable to Elena Vladu, LMFT.* Fees may increase over time. Any ad-hoc services (e.g., phone calls) over ten minutes will be billed on a pro-rated basis.

*I require a valid credit card number on your file to be used in case of no-show or late-cancellation appointments.*

Please inform me if any problem arises during the course of therapy affecting your ability to make timely payments. Any services provided such as report writing, phone consultations, or phone sessions that last longer than ten minutes will be billed on a prorated basis.

Insurance Coverage: Please see my financial policy disclosure for additional details about insurance payments.

**CANCELLATIONS:**

Since the scheduling of an appointment reserves that time specifically for you, *a minimum of 24 hours notice is required* for the rescheduling or cancellation of an appointment. The full fee will be charged to your credit card for sessions missed without such notification. Insurance will not pay for missed appointments.

**DRUG AND ALCOHOL POLICY**

If a client comes to therapy under the influence of drugs or alcohol, the session will be terminated and the client will be charged the full fee.

**EMERGENCY & TELEPHONE PROCEDURES:**

Please feel free to leave a message at any time on my voicemail. Your call will be returned as soon as possible. During crisis periods, special arrangements can be made as needed for increased availability. I will arrange for coverage by a qualified therapist if I am out of town or otherwise unavailable.

**In the event of an emergency that requires immediate assistance**, call **911** (Police/ Ambulance) or **1-800-838-1381** (SLO County Hotline). After contacting emergency services, leave a message on my voicemail indicating that it is an emergency and where I can contact you and I will return your call as soon as possible.

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**ENDING TREATMENT:**

In initial meetings, we will assess whether my services can be of benefit to you. I do not accept clients I do not believe I can help. In addition, if at any point during psychotherapy I assess that the treatment is not effective in helping you reach your therapeutic goals or your needs are outside of my scope of competence, I will discuss it with you and, if appropriate, end treatment. As appropriate, I will provide you referrals to other professionals to contact.

Also, because of the personal nature of therapy, I understand that I may not be a fit for you. If at any time you find you are not comfortable working with me, please let me know. I will offer to provide you with names of other qualified professionals whose services you might prefer.

If you want to decrease the frequency of sessions, take a break, or end therapy, please give advance notice. One or two end of treatment sessions should be expected to close out the therapy process.

**LITIGATION LIMITATION:**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to matters that are of a confidential nature, you should be assured of your privacy. Unless otherwise agreed to in advance, this indicates that should there be legal proceedings, neither you nor your representative will call on me to provide testimony or records. In the case I am legally compelled to provide records or testimony, I will provide services on a pro-rated full fee basis.

**YOUR RIGHTS:**

In psychotherapy with any licensed professional, you have a right to:

- Receive respectful treatment
- Ask questions about your therapy
- Refuse to answer any questions or disclose information
- Request information about education, training, experience, and limitations
- Be provided with a safe therapeutic environment, free from sexual, physical, or emotional abuse
- Report unethical or illegal behaviors to the licensing board
- Request and (in most cases) receive a summary of your treatment records
- Request a summary of your records be sent to another therapist should you choose to terminate.

**I have read the above treatment agreement. I understand and have discussed any questions or concerns with Elena. I consent to participate in treatment. If I am requesting use of my insurance, I also authorize the release of information required/requested by the insurance company as needed to process my claims.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_