# CONSENT FOR TREATMENT

**CONFIDENTIALITY:**Information disclosed in sessions is considered confidential and will not be revealed to anyone without your written permission, except where disclosure is permitted by law and deemed to be in the best interest of the client.

The following are exceptions to confidentiality:

- 1. When there is reasonable suspicion of child, elder or dependent abuse or neglect;
- 2. When the client presents a serious danger of violence to others or property of others;
- 3. When the client presents a serious danger of harm to himself or herself;
- 4. Pursuant to a lawfully issued subpoena.

Additional exceptions include:

Minors: When minors (under the age of 18) are seen in therapy, the parent or guardian holds the legal privilege regarding release of information.

**Groups:** Group therapy participants are expected to honor and respect the privacy and confidentiality of other group members. However, confidentiality cannot be guaranteed.

\* Court referred clients must sign written consent for me to receive/provide information to attorneys /court.

#### **CANCELLATIONS:**

A 24-hour advance notice of cancellation for scheduled appointments is appreciated.

A telephone or text message may be left at any time at (661) 889-8646.

You are responsible for the entire session fee if you do not cancel a scheduled appointment. There is a \$40 fee if you cancel after 8 am on the day of your appointment.

**TEXTING:** Texting is for scheduling and confirming appointments only. If you need to provide me with information, please send via email. If you need to converse with me, please ask to schedule a phone appointment. Thank you!

**EMERGENCIES:** You may leave a message at (661) 889-8646 anytime. I will return the call as soon as possible. You can also contact the Crisis Stabilization Unit, which is open 24-hours a day, at (661) phone number not provided), or you can call 911.

#### PAYMENT FOR SERVICES:

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Your fee	ner 55	minute	session	18 8

Payment should be paid PRIOR to or at the beginning of session. Checks are to made payable to MARITAL FAMILY THERAPY INC. If paying with credit/bank card, you can put a card on file, pay on my website www.carrielcampbell.com, or have me "swipe" the card at the beginning of session.

Additional services in excess of 5 minutes including phone calls, reading emails/documents, court appearances, home visits, and assessments will incur an additional fee. The fee for these services will be determined on a case-by-case basis.

#### **PAYMENT POLICY:**

Payment is due at the time of service unless other arrangements have been made with your therapist.

We accept cash, credit/debit cards, and checks as forms of payment.

### CREDIT CARD INFORMATION:

You may put a credit/debit card on file to pay for sessions. This will be used in case you forget or are unable to pay for session at the time of service.

## MISSING SESSION POLICY:

If you miss an appointment without 24 hour advance notice, the full session fee will still apply.

Print Name	Signature	Signature		
2001 Westwind Dr. Suite 12	Bakersfield, CA. 93301	661-889-8646	www.carrielcampbell.com	LMFT #82962