



---

---

## Informed Consent

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully, and jot down any questions you might have so we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### Psychotherapy Services

Psychotherapy is not easily defined in general statements. It varies depending on the personalities of the psychotherapist and client, and particular problems you bring to our sessions. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### Your Rights as a Client

1. You have the right to ask questions about any procedures used during therapy.
2. You have the right to decide at any time not to receive therapy from me. If you wish, I will provide you with the names of other qualified individuals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued.

### Meetings and Scheduling

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50 minute session (one appointment hour of 50 minute duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hour advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). If you would like to cancel the appointment, you must send an email, text message, or call within 24 hours of the scheduled appointment.

**Professional fees**

The fee for your initial evaluation has been set at: \_\_\_\_\_. Subsequent treatment by Dr. Cassidy Freitas, LMFT will be billed at a rate of: \_\_\_\_\_ per 50 minute session. If your session goes longer than one hour or if you are participating in intensive therapy (longer than 50 minutes), your fee for this service will be negotiated with your therapist and the amount agreed upon will be charged at the end of each session. Payment methods accepted are cash, check, or credit card. All checks are made payable to Cassidy Freitas. The fee shall be paid in full at the end of each session. A \$20.00 charge will be added to any returned checks. A fee of \$4.00 will be added to the session fee when credit card or debit card is used. Dr. Cassidy Freitas, LMFT will provide 1 month notice of fee changes. In addition to weekly appointments, I charge \$135.00 per hour for other professional services you may need, though I will break down the hourly cost if I work for fractions of an hour. Other services include report writing, telephone conversations or lengthy emails (billed in 6 minute increments), attendance at meetings with other professionals you have authorized me to speak to, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party (Because of the difficulty of legal involvement, I charge \$250.00 per hour for preparation and attendance at any legal proceeding).

**Billing and Payments:**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the costs will be included in the claim. In most collection situations, the only information I release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due.

A current credit card number must be on file (provided by you, below). Your credit card will only be used to pay for missed appointments, late cancellations, and unpaid balances over 30 days. Payment by cash, check, or credit card is due at the time of your appointment. All paid invoices are emailed to the cardholder at the time of the charge, if requested.

The credit card information to remain on file is:

Please circle one:      Visa      MasterCard      American Express      Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address (include zip code): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize Cassidy Freitas to charge my credit/debit card for any missed appointment fees, late cancellation fees, and/or unpaid balances. I understand that I am responsible for all charges.

Signature of card holder: \_\_\_\_\_

**Canceled /Missed Appointments**

A scheduled appointment means that span of time is reserved only for you. Cancellations must be made 24 hours in advance; otherwise, you are responsible for the full session fee.

## **Insurance Reimbursement**

I do not take insurance at this time; however, I may provide a monthly receipt that you can submit to your insurance carrier for reimbursement. Please let me know if you need a printed up receipt and I will be happy to provide you with one. The form will include CPT codes and DSM-V diagnostic codes for the insurance company.

## **Contacting Me**

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 6 PM, I will not answer the phone while I am with a client. When I am unavailable, my telephone is answered by voicemail, which I check frequently. I will make every effort to return your call within 1 business day, with the exception of holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist, psychiatrist, or mental health worker on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if needed.

## **Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

## **Litigation Limitation**

Dr. Cassidy Freitas does not provide services relating to legal proceedings (such as divorce and custody disputes, injuries, lawsuits, etc). If you need these services, I will give you referrals to forensic psychologists who specialize in the cases. To be in psychotherapy with Dr. Cassidy Freitas, you must agree that neither you, nor your attorney, nor anyone else acting on your behalf will call on your therapist to testify in court or at any other legal proceeding, nor will a disclosure of psychotherapy records be requested for legal proceedings.

## **Minors**

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel that there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the information to be provided with you, if possible, and attempt to handle any objections you may have with what I am prepared to discuss with your parents.

## **Confidentiality**

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions:

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony in that case if he/she determines that the situation demands it.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required by law to file a report with the appropriate state agency.
- If I believe that a patient is threatening serious bodily harm to another, I am/may be required to take protective actions. These actions may include notifying the potential victim, contact the police, or seeking hospitalization for the client. If the client threatens to harm themselves, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- These situations have rarely occurred in my practice. If a similar situation occurs with you, I will make every effort to fully discuss it with you before taking any action.

- I may occasionally find it helpful to consult other mental health professionals about your case. During any consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep any information shared during the consultation confidential.
- “No secrets policy” – for couple’s therapy. During the course of my work with a couple, I may see a smaller part of the treatment unit (e.g., an individual) for one or more sessions. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I have written consent or required to by law. However, if relevant information is disclosed and I may need to address the issue in the next couple’s session, I will give the individual the opportunity to make the disclosure to their partner on their own. If I am not free to exercise my clinical judgment regarding the need to bring this information to the couple during therapy, I might be placed in a situation where I will have to terminate the treatment of the couple. This policy is intended to prevent the need for such a termination.
- My office space is a shared office space with other therapists/practitioners and we each work independently of each other and are not part of a group practice. Client acknowledges and understands that Dr. Cassidy Freitas, LMFT is a sole-proprietor, which means that she is in business for herself, and that Dr. Cassidy Freitas, LMFT is not engaged in a partnership, a joint venture, a professional corporation, or any other form of business organization with any of the other practitioners in this suite of offices.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at or next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request it, I will be happy to provide you with the relevant portions or summaries of the state laws regarding these issues.

**Outpatient Services Contract**

Your signature below indicates that you have read this Informed Consent document and agree to abide by its terms during our professional relationship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Cassidy Freitas, LMFT \_\_\_\_\_ Date: \_\_\_\_\_