

Nicole Ashton, MFT
Licensed Marriage and Family Therapist MFC # 45884
Tel 310.592.8274

PATIENT REGISTRATION and CONSENT TO TREATMENT

Name	Date of Birth		

Social Security Number			

Address			

Telephone:	Home	Work	Cell

E-Mail:			
May I contact you via E-Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Referred By			

<i><u>Emergency Contact</u></i>			
_____		_____	
Name	Relationship		

<i>Address for Emergency Contact</i>			

Telephone	Home	Work	Cell

Confidentiality

Therapy sessions are strictly confidential except under certain legally defined situations involving threats of self-harm or harm to others, cases of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, I am required by law to notify the police and to inform any intended victim. In the case of self-harm, I am ethically bound to inform those in a position to help, or to otherwise enlist methods to prevent self-harm or suicide. In incidents of child abuse, elder abuse, or abuse of otherwise dependent individuals, I must notify the appropriate social service agencies. Other situations that require me by law to reveal information about you to others without your consent include if a court of law issues a legitimate subpoena or if you are being treated or tested by court order.

Fees

Fees are agreed upon at the beginning of treatment and are paid in full at the time of service. The agreed upon fee between Therapist and Client is _____. Client will be notified in advance for any fee adjustment. Any returned checks will be subject to a \$10.00 processing fee.

Cancellation Policy

If you need to cancel or reschedule an individual session, please notify me at least 24 hours in advance. Otherwise, you are responsible for the full fee of the missed session. Cancellation notice should be left on Therapist's voicemail at (310) 592-8274.

Emergency Procedures

If you need to contact me, please leave a message on my voice mail (310) 592-8274 and I will return your call as soon as possible. I am not available by emergency page, however I check my messages frequently. If you need to talk to someone right away call 911, the police, or your local hospital emergency room and ask to speak to the psychiatrist or mental health clinician on call.

Professional Records

Both law and standards of the profession require that appropriate treatment records be kept. These records include a summary of client's history, a diagnosis if appropriate and a preliminary treatment plan. Also included is a brief summary of each session, a record of your payments and other information pertinent to your treatment.

Consent for Treatment

Client acknowledges that the decision to undergo psychotherapy is voluntary and that client is free to discontinue services at any time. Participating in therapy can result in a number of benefits to you, including improving your personal relationships, resolution of the problems that led you to seek therapy, and increased personal growth and fulfillment. Psychotherapy requires your active involvement, honesty and openness in order to change your thoughts, feelings, and behaviors. Sometimes talking about unpleasant events and memories can cause discomfort. I may challenge you on various assumptions and beliefs that may upset you but I will educate you on how you can use the therapeutic relationship to your benefit. If you wish me to talk with another therapist or provider, you must sign Consent to Release Information.

No Secrets Policy

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such I practice a **no-secrets policy** when conducting marital/couples/family therapy, which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. And I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as I deem appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit sign this agreement.

Sobriety Policy

I ask that all clients, couples, families, group members arrive to therapy sober and not under the influence of illegal drugs and alcohol. If I notice that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, or other substances) I will immediately end the therapy session, and assist you in finding a safe ride home (via friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, I will reschedule the therapy session where we will process this occurrence. **You will be charged your full fee for the session if you arrive intoxicated**

Court Reports or Letters

I do not write legal letters or court reports for clients involved involving divorce, custody or other legal matters or lawsuits. I do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc) or agency regarding your treatment. If a special circumstance arrives where a letter is required by court order, it will require your written consent and will be billed to you at \$25.00 per page. Additionally, I reserve the right to refuse to write letters on your behalf (unless court mandated) if I do not feel this would be in your best interest, if it places me in a dual relationship, or will compromise our therapeutic relationship. I will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places me in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality. I will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship

Fee Increases

I work on the honor system with clients. I trust that if you and I have agreed to a sliding scale fee due to your financial hardship, you will let me know when your financial situation improves and make an effort to move closer to my full fee. Fees are reviewed each year, and may increase periodically. Every consideration to client's current finances will be made, the increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to

answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point.

Explanation of Dual Relationships

Our therapeutic relationship is unique and must be strictly professional in nature. A therapist is not allowed to invite you into a business venture, ask you for personal favors, write letters on your behalf, maintain a social relationship with you, etc. These examples are called, “dual relationships” and are unethical. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see a client outside of the office (when we may accidentally run into each other), I am highly discreet and will maintain your confidentiality. I will follow your lead, and thus it is your choice to acknowledge the encounter or not. If you do not choose to acknowledge the encounter, I will respect this and not acknowledge you outside of the office.

Accepting Gifts from Clients

On occasion a client may present a gift to me to thank me for therapy or to recognize a holiday such as Christmas. While these gestures are thoughtful and appreciated, when a therapist accepts a gift from a client it can sometimes interfere with the therapeutic process. It is always best to clarify a therapist’s position on receiving gifts from a client. My policy on receiving gifts is as follows: a card, or small **inexpensive** token, or a handmade **inexpensive** gift (such as cookies for example) is acceptable once we have explored the meaning behind the gift. Large gifts, expensive items (such as electronics or art), gift cards of any amount, or intimate or romantic items such as jewelry, or clothing will not be accepted. Additionally, gifts from a family member, friend or referral source (such as a spouse, doctor, or other professional) are not acceptable and will be returned to the client and the intention of the gift will be processed in therapy. This boundary is in place to protect and respect the client/therapist **professional** relationship.

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce me as their therapist so they can recommend me as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to me. If another client that I see referred you to me, or if you refer a friend, co-worker or family member to me, legally and ethically I am not able to acknowledge that other person’s attendance to you if they should begin seeing me in therapy or if they are currently in therapy with me. If you choose to share that I am your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with me. Please be assured that I will not acknowledge you as my client to anyone without your written consent, or discuss you or aspects of your therapy with anyone, including your friends or colleagues that you refer to me. Occasionally a client may say, “My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her.” This is an example of my standard response which is stated in a kind way, “I appreciate any referrals that clients make, however, I cannot reveal whom I see in therapy, and thus I cannot remark on whom I see clinically at this time.” Because this may sound rather official to clients, and because I will not acknowledge whom I see in therapy, including you, I thank my clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; I am honored by your trust and confidence.

Please sign below indicating that you have read this Consent to Treatment form and agree to abide by treatment policies.

Client Name _____
(Please print)

Signature of Client _____
(or authorized representative)

Date _____

Witnessed By _____
Nicole Ashton, MFT # 45884
2550 Overland Avenue #100
Los Angeles, California 90064