



Office Policies and Procedures

Confidentiality

Your therapist will treat all of the information you share with great care. It is your legal right that sessions and records are kept private. There are a few rare situations in which confidentiality is not protected. California state law mandates the reporting of incidences of child, elder, and spousal abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, and emotional and psychological abuse. All actual or suspected acts of such abuse will need to be reported to the appropriate agency.

If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy. This means your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have with their therapist.

If You Need to Contact Me

We do not have a receptionist and, therefore, operate with an “electronic office.” This means that you can always leave a confidential voicemail message for your therapist. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist’s voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, or you may contact the San Diego Access and Crisis Line at 1-800-479-3339.

Payment For Services

The standard fee for a 45-minute session is \$_____. Reduction in fees is considered in some cases. Reduced fees shall be arranged prior to the first session. Payment is required at the time that services are rendered in the form of cash, or personal check. Please make checks payable to "The institute Of Modern Recovery" Returned checks will be charged a \$25.00 fee (in addition to the original amount). We examine our fee schedule yearly, and may change fees each year.

Emergency Contact

If there is an emergency during our work together, or if your therapist becomes concerned about your personal safety, we are required by law to contact someone close to you (e.g., a relative, spouse, or close friend). Please provide the name and information of a primary contact person.

Name: _____

Address: _____

Phone: () _____ Relationship to you: _____

Statement of Principles and Complaint Procedures

We fully abide by all the rules of the American Psychological Association (APA) and by those of state license. Problems can arise in our relationship, just as in any relationship. If you are not satisfied with any area of our work, please raise your concerns with your therapist immediately. Our work together will be slower and harder if your concerns are not worked out quickly. We will make every effort to hear your complaints and seek solutions to them.

Our Agreement

I, the client(s) (or his/her parent or guardian), understand I have the right not to sign this form. I understand I can choose to discuss my concerns with my therapist before I start formal therapy. If at any point during the treatment I have questions about any of the subjects discussed here, I can discuss them with my therapist.

I have read, or have had read to me, the issues in this informed consent form and agree to act according to the points covered in this informed consent. I hereby agree to enter therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature.

Client Name: _____
Printed Name

Client Signature: _____ Date: _____

Therapist Name: _____ Creston Davis, MFT, LAADC _____ Date: _____