Carol Cochrane Bass, M.A., L.M.F.T.

530 Alameda del Prado, Suite C, #193, Novato, CA 94949

MFC# 43343

carolcochranebasslmft.com
Email carolcochranebass@gmail.com
Phone: 831.425.2277

AGREEMENT FOR SERVICES and INFORMED CONSENT

This form is to clarify the legal and business portion of our relationship. Please read the following information carefully and feel free to discuss with me any questions or concerns you may have.

Confidentiality

Absolute privacy is the basic right of anyone who seeks counseling. All information shared is strictly confidential and cannot be released without your explicit, written consent. There are three important exceptions to client/therapist privilege. a) Any threats of murder or bodily harm to self, other or property of another; b) Any knowledge of child, elder or dependent abuse or neglect; c) A court order.

Minors above the age of 12 have the right to confidentiality unless they are perceived as harmful to themselves or others and can, under certain conditions, participate in therapy without parental consent.

With regard to confidentiality in couple and family therapy, if you or any other individual participating in treatment with you shared information with me individually, you agree that I have the right *but not the obligation* to share that information in the context of couple or family therapy. You understand that I will make such decisions in the context of sound clinical judgment, and considering what I believe is likey to be best for your family and our therapy.

Payment and Missed Appointments

Therapy sessions, unless otherwise arranged, last 50 minutes. I charge $180 for an individual therapy session and $220 for family or couples therapy sessions. Payment is due at the end of each appointment. Appointments that are canceled or broken without 24-hour notice will be charged the full fee. There is a late charge of $25 for every 30 days that payment is not received. These charges are generally not reimbursed by insurance companies.

Phone Sessions

I am available for phone sessions as my free time permits. Any phone contact which is unrelated to the business portion of our relationship will be considered a phone session and the fee will be prorated according to your regular hourly fee.

Seeing You Outside of Therapy

If we happen to meet or see each other outside of my office, I will protect your confidentiality by not initiating contact.

Drugs and Alcohol
I consider drugs and alcohol to be impediments to effective therapy and I ask all clients to refrain from use on the day of their appointment. If you have any problem with this, please let me know.

Termination
When you decide to end or temporarily discontinue therapy, please let me know ahead of time so we can schedule a closing session. I find such a session to be valuable for both of us.

Risks and Benefits of Therapy

Psychotherapy is a process in which a myriad of issues, events, experiences, and memories are discussed for the purpose of creating positive change in order to help in enabling you to experience life more fully. It provides an opportunity to better, and more deeply, understand one, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of the Patient, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, fear, anger etc. There may be times in which I will challenge your perceptions and assumptions and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. You should be aware that any decisions on the status of your personal relationships are your responsibility. During the therapeutic process, many people feel that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times but may also be slow and frustrating. Feel free to discuss any concerns you have regarding your progress in therapy with me.

Informed Consent: EMDR
I may incorporate EMDR (Eye Movement Desensitization and Reprocessing), an evidence-based therapy that uses bilateral stimulation (such as eye movements) to help process distressing experiences. This approach may bring up strong thoughts, emotions, or physical sensations, and we will proceed at a pace that feels safe and within your control. You may pause or stop this process at any time.

I understand and agree to the above conditions.

Client Name (Print)	Client Signature	Date

Client Name (Print)	Client Signature	Date

Minor Name (Print)	Minor Signature	Date

(when applicable)