

NANCIE KOHLENBERGER, M.A., LMFT

License#39360

Transformational Living

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COUNSELING AGREEMENT/CONSENT FOR TREATMENT For: _____

CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY

Nancie Kohlenberger, LMFT, offers psychotherapeutic services in accordance with California State law. California law requires the therapeutic relationship be professional and confidential. What is revealed in session by the client(s) is protected by legal and ethical standards, such that with a few important exceptions, all material is confidential and not released without your written consent. A confidential file with these forms and other pertinent therapeutic information will be stored in a locked file cabinet in the therapist's office. This conforms with CA state law regarding therapeutic records. However, ethically and legally, if there is a reasonable possibility of harming others or myself, then in accordance with therapeutic guidelines, Nancie Kohlenberger is required to inform others in order to protect myself and/or them.

The State of California also requires that if there is reasonable possibility of child abuse or elder abuse, this must be reported to the proper protective service agency immediately. There is no statute of limitations according to California law. Therefore, a report might be required for instances of abuse that occurred many years ago, even if there have been no recent incidents. This may lead to a legal investigation and law enforcement.

OFFICE PRACTICES

CANCELLATIONS

We, (my therapist and myself), are both responsible for remembering the date, location and time of our appointments. Normally appointments cancelled with less than 48 hours will be charged at the client's regular rate. If an emergency arises and I cannot keep my appointment, I will do my best to call so that we can discuss the possibility of rescheduling. If we are unable to find a compatible time during the same week, I understand that I will be charged our agreed upon fee.

PHONE CALLS

Nancie Kohlenberger is available to return phone calls Monday – Thursday from 11 a.m. to 8 p.m. and Fridays from 10 a.m. to 1 p.m. most of the time. If I am going through a life threatening emergency, I recognize that my best recourse is to call 911.

For other purposes, I will leave a message for my therapist if she is unavailable or in session. I

understand that my call will be returned within 24 hours or less (with certain exceptions including vacations, holidays and seminars). If I need information urgently, I will relay this in my message.

For calls that are more than just confirmations or changes of appointments, I will be charged ½ of my regular rate for a call beyond 15 minutes and up to ½ hour. Beyond ½ hour, I will be charged my full fee, as this constitutes a therapeutic session.

FEES

Our agreed upon fee is \$_____ for a 50-minute session. If, at any time during our therapeutic relationship, I am unable to pay this fee, I will bring this up in session. I understand my therapist will do her best to take individual life circumstances into account, and at that time, we can discuss options available.

In the case of a session that includes EMDR (Eye Movement Desensitization and Reprocessing), we will most likely meet for 1 ½ hours for the first session. I will be charged for the entire session.

I will be given appropriate notice of any fee increases (1 month, if possible), and am encouraged to discuss this with my therapist when the increase is presented.

THE THERAPEUTIC PROCESS

While therapy is effective for many people, and often leads to significant and lasting changes, there are some risks involved. Some individuals report discomfort during therapy. Some undesirable feelings may arise, and the client may feel uneasy, anxious and sad. Subjects may arise, and concerns may erupt that are unexpected and embarrassing. Attempting to resolve tensions between the client and others, such as spouse, partner, child or family members, may lead to changes that were not originally intended. It is also possible that under certain circumstances, therapy may not work. Many people, however, find therapy worthwhile, and the risks worth taking.

Statement of agreement:

I understand all of the above, and agree to enter into the counseling relationship with Nancie Kohlenberger, LMFT.

Client Name (Printed) _____

Client Signature: _____ Date: _____

Client Name (Printed) _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____