



**Michelle M. North, LMFT**

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**Agreement for Services/  
Informed Consent Regarding Your Counseling**

**Introduction**

This Agreement is intended to provide (Client) \_\_\_\_\_ with important information regarding the practices, policies and procedures of Michelle M. North, LMFT. Any questions or concerns regarding the contents of this Agreement should be discussed with therapist prior to signing it.

**Expectations, Costs & Benefits**

Therapy is not a magic bullet. It is a shared process between client and therapist. The client will get out of therapy exactly what he/she puts into it. Therapy will not be beneficial unless the client is willing to take risks, make changes, and try new behaviors. The client should understand that there are costs and benefits to therapy. As the client gains insight and begins to make changes, things may get worse before they get better. Important relationships may change or end as a result of therapy. This is a normal and expected part of personal growth. On the other hand, the benefits of therapy may include new insight; improved, healthier relationships; enhanced mood; and/or an improved overall sense of well-being.

**Confidentiality**

The information disclosed by a client is generally confidential and will not be released to any third party without written authorization from the client and/or the parent or legal guardian of the client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse; reporting when a person makes a serious threat of violence towards a reasonably identifiable victim; or reporting when a person is dangerous to him/herself or the person or property of another.

**Confidentiality of Minors**

The minor client has a legal right to a confidential relationship with his/her therapist. The therapist will use discretion and clinical judgment when deciding what information will be shared with the parent. This privacy in the therapeutic relationship is meant for the minor to get the most benefit from the counseling experience and to aid him/her in communicating difficult information to his/her parent or guardian. A summary of treatment progress may be provided to the parent throughout the treatment when requested, at therapist's discretion. It should be noted that, *as mandated by law*, the therapist will not break the minor client's confidentiality for suicidal thoughts, self-injurious behavior, or substance use unless the client is in immediate danger. The therapist will make every effort to manage these issues in the therapeutic setting before breaking confidentiality.

**Treatment of Minor Clients**

If the client is under the age of 18, the minor's parent or legal guardian shall give consent for the treatment (certain exceptions are allowed under the law). The parent/ guardian must have the proper legal custody in order to give such consent. In situations involving separation or divorce, copies of court documentation may be required to verify custody arrangements.

***Michelle M. North, LMFT does not have the facilities for childcare so please do not bring your children with you unless they are involved in your counseling.***

### **Insurance**

Michelle M. North, LMFT does not accept any insurance at this time; however, an invoice will be provided at client's request should the client want to submit to his/her insurance company for possible reimbursement. The client is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payer.

### **Fees**

The usual and customary fee for service is \$100 per 50 minute individual session. Sessions longer than 50-minutes may be charged for the additional time pro rata. Any between session phone calls that go beyond 15 minutes, will be billed \$2 per minute. The therapist reserves the right to periodically adjust any fees. Clients will be notified of any fee adjustment in advance.

A sliding scale for fees is available for those with financial hardship on a limited time basis. Payment of fees must be made in full with cash, check, or credit card at the time of each therapy session. If we determine that you are eligible for a sliding scale, your fee is \_\_\_\_\_ per 50 minute individual session.

### **Reaching Your Counselor**

You may leave a message for the therapist on her confidential voicemail at (951) 395-1899. Calls will be returned as soon as possible, usually within one business day. If you have an urgent matter to discuss between sessions with your therapist, mention that in your message. However, phone calls are primarily to schedule appointments, and your sessions are the primary vehicle for working on your problems. If you have an emergency, your therapist can assist you in getting emergency treatment if that is needed. If your therapist is unavailable, please call 911, and ask the emergency operator for directions to the nearest emergency psychiatric care unit. You may also call the **Community Connect Helpline at (951) 686-HELP (4357)**. The therapist is not equipped at this office to handle emergency needs and does not provide those services.

### **Appointment Cancellations**

Your appointment has been reserved specifically for you. If you are unable to keep your appointment, **please call at least 24 hours in advance or you will be charged the full fee for the session**, unless there are circumstances beyond your control that kept you from canceling. Clients who are 20 minutes late for their session may be asked to reschedule their appointment and be charged for the session time.

### **Psychotherapist-Patient Privilege**

The information disclosed by each client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the client is the holder of the psychotherapist-patient privilege. If the therapist received a subpoena for records, deposition testimony, or testimony in a court of law, the therapist would assert the psychotherapist-patient privilege on the client's behalf until instructed, in writing, to do otherwise by the client or the client's representative. The client should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Each client should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

**Patient Litigation**

Michelle M. North, LMFT will not voluntarily participate in any litigation, or custody dispute in which client(s) and another individual, or entity, are parties. Michelle M. North, MA, MFT has a policy of not communicating with any client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in any client's legal matter. Michelle M. North, MA, MFT will generally not provide records or testimony unless compelled to do so. Should the therapist be ordered by a court of law to appear as a witness in an action involving a client, that client agrees to reimburse the therapist for any time spent for preparation, travel, or other time in which the therapist has made herself available for such an appearance, at the usual and customary hourly rate that the client pays for counseling.

**Service Agreement**

We, the undersigned therapist and client, have read, discussed together, and understand the above stated policies in regard to the therapeutic relationship.

We have agreed on the fee of \$100 for each 50 minute session.

The client has been informed that therapist is licensed by the State of California as a licensed Marriage and Family Therapist.

Our signatures below represent a service agreement between us.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_