



Emily Morrison MA,
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Client-Therapist Informed Consent

Psychotherapy

I believe that therapists and clients are partners in the therapeutic process, and it is my intention to provide services to you that will assist you in reaching your goals. Based upon the information that you provide, in addition to my clinical observations, I will provide you with my assessment and recommendations regarding your treatment. Psychotherapy is not a guarantee of a cure, however, the success of your therapy depends on your willingness to consistently work towards positive change within your life.

Confidentiality/Limits to Confidentiality

All information shared in sessions is strictly confidential! No information disclosed by you to me will be released outside of our sessions, except for consultation as needed with the following clearly defined exceptions mandated under California state law:

- 1) If you are abusing or allowing to be abused a person under the age of 18, a dependent adult or an elder;
- 2) Certain forms of sexual contact with a minor depending on respective ages;
- 3) If you intend to physically harm yourself (including by suicide) or cause physical harm to another person;
- 4) As mandated by court order if your mental health is questioned during legal proceedings

Should any of the above circumstances arise, I am legally and ethically mandated to report to the appropriately designated agencies. However, I will use my therapeutic discretion to discuss these issues with you first when possible.

Schedule, Cancellation Policy and Fees

- Appointments will be weekly for 55 minutes unless we determine another arrangement is warranted
- 24 hours notice is required to cancel or reschedule a session; if you do not give me at least 24 hours, you will be asked to pay for the missed session
- Phone sessions are charged at hourly rate once the call exceeds 10 minutes
- Payments are due at each session unless previous arrangements have been made
- You will receive at least 30 days notice of any increases in my fee
- It is my belief that your self-exploration and healing is best served by a strong commitment to your attendance and I ask you to honor your intention in this process. If you are unable to attend regular sessions, we can explore the considerations together and decide how to best meet your needs.

Somatic Approach

As part of my theoretical orientation, our work could include movement or therapeutic touch if it is appropriate to facilitate the healing process. I will discuss this with you prior to the work and you always have a right to decline any suggestion that I make.

Emergencies

If you are having a mental health emergency and you need to speak with someone right away, call Sonoma County Psychiatric Services at 707-576-8181, then call my voicemail. I will call you back within 24 hours.

I have read the above information, have discussed any questions I may have and agree to comply with the terms of this agreement.

Therapist Communications

I may need to communicate with you by telephone or other means. Please indicate your preference by checking one or more of the choices listed below. Please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means.

My therapist may call me on my home phone. My home phone number is: () _____

My therapist may call me on my cell phone. My cell phone number is: () _____

My therapist may send a text message to my cell phone. My cell phone number is: () _____

My therapist may call me at work. My work phone number is: () _____

My therapist may communicate with me by e-mail. My e-mail address is: _____

My therapist may send a fax to me. My fax number is: () _____

My therapist may send mail to me at my home address.

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication therapist will respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You may be charged for time the therapist spends reading and responding e-mail or text messages.

Client name _____

Client Signature or Parent/Guardian Signature _____ **Date** _____