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<p align="center"><b>Disclosure Statement &amp; Agreement For Services</b></p>
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I am a Marriage and Family Therapist, licensed in the State of California. At any time during your treatment, you are welcome to inquire about my education, background, experience, and professional orientation. The intent of this document is to provide you with important information regarding your treatment, in addition to obtaining your consent for therapeutic services.

**About the Therapy Process**

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 ends on your willingness to consistently work towards positive change within your life.

**Appointments**

Therapy sessions are 50 minutes in length, however 80 minute sessions can be arranged in advance, and are pro-rated at the hourly rate. Therapy sessions are typically scheduled to occur once per week. If you must cancel or reschedule an appointment and are unable to provide me with 24 hours notice, you will be responsible for the full payment of the missed session. Should you not appear for your scheduled appointment or arrive late, you will be expected to pay the full fee for that session.

**Fees & Payment**

My fee for a 50-minute therapy session is \$130 for individuals; \$140 for couples; and \$150 for families. Such fees may be re-evaluated and subject to change annually. Payment in full is due at the time therapy services are rendered. Payment can be made with cash, check, or credit card (via Pay Pal located on my website). Additional charges will be collected for professional services rendered that are not part of the usual therapy session, such as elongated phone (or in-person) contacts, preparation of special forms, reports, letters, and court time. In the event that your payment for services is past due over thirty (30) days, I may choose to take appropriate legal action to collect such payment, and/or terminate the therapy relationship with you. If for some reason you find that you are unable to continue paying for your therapy, please inform me immediately.

**Confidentiality**

All communications between a client (*including minors under 18 years of age*) and a psychotherapist are held strictly confidential and can only be released with a written consent from the client or as may be required by a court order. Parents/guardians who provide authorization for their child's treatment are often involved in their treatment, therefore, I, in the exercise of my professional judgment, may discuss the treatment progress of a minor client with you (the parent or guardian). Exceptions to confidentiality, which psychotherapists are mandated to report to the appropriate authorities, include the following circumstances: 1) instances of known or suspected child or elder abuse; 2) when a client is thought to be in danger of committing suicide, and 3) when a client presents a serious danger of physical violence to another person.

**Therapist Availability**

You may leave a message for me at any time on my confidential voicemail, or by sending me an email. I generally am able to return your phone call/email within a few hours. In the event of an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

**Termination of Therapy**

Proper termination is usually at the successful conclusion of therapy when a client and their psychotherapist agree upon that course of action. The length of your treatment depends on the specifics of your treatment plan and the progress you achieve. If you or I determine that you are not benefiting from treatment, either you or I may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include changing your treatment plan, referrals to community resources, or terminating your therapy.

**Agreement for Services & Fees**

I, \_\_\_\_\_ have read the above “*Disclosure Statement & Agreement For Services*”, and give my consent for treatment. I agree that the fee per session is \$\_\_\_\_\_.

I understand and agree to the terms and policies of this statement, and have received a copy of the same.

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

Date\_\_\_\_\_

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

Date\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

Home phone:\_\_\_\_\_

Cell phone:\_\_\_\_\_

Additional phone  
(please specify type):\_\_\_\_\_

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

Date\_\_\_\_\_

Laura Melgosa, MFT