Oria Health and Wellness Inc.
FLORENCE MALMGREN, LMFT

11858 BERNARDO PLAZA COURT, SUITE 210, SAN DIEGO, CA 92128
PHONE 858-524-4300
WWW.ORIATHERAPY.COM

INFORMED CONSENT

Welcome to my office! I look forward to working with you. The following document is designed to give you information about my professional services and business policies. Please read this carefully. If you have any questions or concerns, please ask me at your first session, or as soon as they arrive during the course of treatment. Please note that when you sign this form it represents an agreement between us.

The Therapy Process

Psychotherapy is a unique and highly individualized experience with the outcome determined by the effort and motivation you have toward a change in yourself and how you see and experience the world around you. In the beginning we will discuss your concerns and goals for therapy. You and your therapist may develop a road map on how you can start addressing undesirable situations, problematic behaviors, uncomfortable thoughts or feelings, difficult relationships, etc.... Your therapist may help you identify, select and accomplish some of the desired changes you selected. Although psychotherapy has shown to be helpful for many issues, there are no guarantee about treatment outcomes or what you will experience. When exploring issues in treatment, you may feel discomfort, anger, sadness, and anxiety, as well as joy and relief. Addressing issues between family members can also lead to discomfort and may result in changes that were not originally intended. I encourage you to discuss any uncomfortable thoughts and feelings with me as they arise during the course of treatment. Certainly, the hope is that the experience and expression of feelings will allow for resolution of issues. If you have any questions about my treatment methods or my business procedures, please discuss them with me in a timely manner.

Appointments

It is important during the therapeutic process to keep your regular appointments in order to increase the likelihood of therapeutic gains. While you are in treatment, your time is reserved solely for you. As is customary with most professionals, if you cancel your appointment, a 24-hour notice is required. If an appointment is missed or cancelled with less than 24 hour notice, you will be required to pay a late cancellation/no show fee of $50. Payment must be made at your next scheduled appointment. Third party payors like insurance companies will not pay for missed or late cancelled appointments. Also, please be informed that after two missed appointment day and time may no longer be available. Therapy sessions last 45 to 50 minutes.

Time spent on your behalf

For professional consultations with people with whom you have asked or allowed me to speak (physicians, attorney, schoolteachers, therapists, etc.) I charge after the first 20 minutes in quarter hour segments (based on your established fee). I also charge for time writing letter/reports about your case. I will notify you about these charges before beginning these activities. These are charges that usually insurance companies do not cover. If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

Confidentiality

In general, all communication between a therapist and a client is confidential and protected by law and may not be revealed without your written permission. Confidentiality also protects children and adolescent clients. But there are a few exceptions in which I am legally obligated or permitted to break confidentiality. Please review theses exceptions carefully and ask me any questions at your first session or as soon as they arise during the course of treatment.

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1. Disclosure is required when there is reasonable suspicion of child abuse/neglect, and dependent adult or elder abuse.
2. If the client is a serious, imminent danger. I am required to take protective measures. This would include notifying a potential victim, and the police.
3. If my client threaten to harm him/herself, I have the permissive right to seek hospitalization or contact family members or others who can provide protection.
4. The Patriot Act designates that FBI agents have the right to obtain information from therapists that pertain to National Security
5. In most - but not all - legal proceedings, you have the legal right to prevent me from giving information about your therapy. In certain legal situations, such as in a child custody case or when your emotional condition is an issue (for example, in a Worker's Compensation or personal injury case), the judge may order me to testify.

When therapeutically indicated, I will make every reasonable effort to discuss my course of action with you prior to breaking confidentiality. If you are participating in group therapy, details of the group are to be kept strictly confidential.

I wish to clarify that were you to be seeking an expert witness because you are involved in court proceedings at the time of your first appointment, then please let me know and I will refer you to a professional who specializes in that area. Also I do not conduct custody evaluations or make recommendations about custody to the court.

On occasions, it may be beneficial to your situation to consult other professionals about your case. During such consultation, I make every effort to protect your identity. The consultant is also legally obligated to keep the information confidential.

Insurance Companies and Confidentiality

On the insurance form, you will be asked to sign an authorization to release information to your insurance/managed care company which permits me to divulge information about you that is necessary to process claims and request additional sessions. A third party payor usually require diagnosis, fee, and dates of service. However, some third party payors request treatment plan goals and/or summary of progress.

Confidentiality with Family and Couples Therapy

When working with family members and couples, I will ask all parties to sign releases of information so that I may share relevant information and give important feedback to all those participating in treatment. In situation where one family member or one partner requests that I release information about the family or couples sessions, it is my policy not to release information unless all family members (or both members of the couple) sign an authorization allowing me to do so.

Confidentiality with Minors

In the counseling of children and adolescents, confidentiality is a necessity, as much as possible, in order for the therapeutic process to work. While you as the parent or guardian have a legal right to information, I will speak with you in a general way unless there is a danger in the child's life. This right to confidentiality will also be conveyed to the child/adolescent. Feedback will be provided regarding the progress of therapy for children and adolescent. In the case that you are engaged in a child custody proceeding or treatment is court ordered, I will refer you to a therapist who handles such cases.

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Telephone and emergency Coverage

I have a telephone voice mail that is available at all times for routine messages. I collect my messages frequently and will make every attempt to return messages within 24 hours. If you are in need of emergency assistance, call "911" or the San Diego Crisis Line at 1-888-724-7240

Vacation Coverage

If I am out of town or otherwise unavailable, I will arrange for a qualified professional to cover for me. Simply check my office voicemail for additional information about who to contact. I will also let my clients know in advance when I will be out of the office.

Termination of Treatment

While therapy should end through a mutual agreement once desired goals have been reached, you have the right to terminate treatment at any time. Please know that you also have the right to ask questions regarding your treatment.

Therapists also have the right to terminate therapy under certain circumstances - for example, if a client is not benefiting from treatment after a reasonable length of time or if a client could benefit more from receiving treatment elsewhere with therapists who specialize in a particular area. Referrals will be given and reviewed carefully with you. I will conduct termination sessions with you prior to your transfer to another therapist or treatment facility. In the event that you need to transfer to a higher level of care as soon as possible, termination may not be possible.

Consent for Treatment

My signature on this page indicates that I am consenting to enter into treatment with Florence Malmgren and that I am authorizing this practitioner to conduct diagnostic procedures, and treatment procedures throughout my course of treatment. I realize that the outcome of therapy depends on my personal investment in the therapeutic process. I also understand that the outcome of my treatment cannot be guaranteed, even though psychotherapy is designed to be helpful.

Printed name:

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Signature of client/parent/legal guardian: Date:

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