

Informed Consent

I understand and agree to the following:

- ❖ I will be engaging in psychological treatment with Hillary Dupuis, Licensed Marriage and Family Therapist.
- ❖ FEES: The fee for treatment is \$150 per 50-minute session. I will be charged \$25 if I make a payment in the form of a check and the payment is returned for insufficient funds. Fees will be revisited and potentially renegotiated every January.
- ❖ CONFIDENTIALITY: The content of sessions is confidential, excluding 4 risk categories, which I have read about in more detail on Hillary's office policies page: <https://www.hillarydupuisoft.com/office-policies.html>. I will not record any sessions and will be alone during my remote sessions to respect the confidential nature of my treatment.
- ❖ HOURS AND EMERGENCIES: Office hours are Monday through Friday 9AM - 7PM. Hillary returns voicemails, emails and texts within 48 hours and as soon as possible for mental health crises, e.g., active suicidal thoughts. I will call the National Suicide Prevention Lifeline at (800) 273-8255, 9-1-1 or take myself to the nearest emergency room if I need immediate support.
- ❖ TERMINATION: Therapy has a beginning, middle and an eventual end. I can terminate therapy whenever I feel like I've obtained my goals. Sometimes therapy can end sooner than expected if I'm not getting my needs met. Hillary may also terminate therapy if she feels that my issue is outside of her scope of practice or therapy is proving to be ineffective. Should I fail to schedule an appointment for three consecutive weeks, for legal and ethical reasons, Hillary must consider the professional relationship discontinued unless another arrangement has been made. And, in the event of Hillary's untimely death, she has assigned a colleague who will help me find another therapist.

- ❖ **EFFECTIVENESS:** The degree to which treatment is effective is due to a combination of factors. These factors include, but are not limited to, client participation as well as the fit between therapist and client.
- ❖ **CANCELLATION POLICY:** Hillary has a 48-hour cancellation policy. I agree to pay for my session if I cancel without providing a minimum of 48 hours advance notice or no show.
- ❖ **COVERAGE:** Hillary will provide a backup therapist's contact info for emergencies whenever she goes on vacation and is unavailable.
- ❖ **PAYMENT:** Payment is due the day of the appointment. Late payments put me and Hillary in a dual relationship with Hillary as my creditor, which can interfere with the therapeutic relationship.
- ❖ **ELECTRONIC COMMUNICATION:** Hillary uses email and text messaging for scheduling and homework assignments. Email and texts are more susceptible to hacking and because of this susceptibility, I will refrain from using email and texting as a therapeutic processing tool.
- ❖ **LETTERS:** Hillary is not a medical doctor and unable to write letters of support for FMLA, work leave, disability, emotional support and/or service animals. I will obtain such letters from my medical doctor.
- ❖ **LEGAL:** I have been given, reviewed and signed the HIPAA notice and Good Faith Estimate.

Client Printed Name

Client Signature

Date

**Office and Mailing Address:
1350 Hayes Street, Suite B12cc
Benicia, CA 94510**