

## *Life Span Ministries*

*Darrell O. Clardy, Ph.D., Psy. D. ~ 2880 E. Imperial Highway, Brea, CA 92821 ~ 714-794-8230*

### *Informed Consent for Treatment*

Therapy is a very personal and life changing experience. Your commitment to your own growth in therapy will largely determine how much you will benefit from it. While there are no guarantees as to the outcome of your treatment, you and Dr. Clardy will decide on the frequency and type of treatment to be used. The use of any procedure along with the potential risks, benefits, and alternatives will be explained and is subject to your verbal agreement.

It is important that you understand your rights and obligations that relate to your therapy experience, so here are a few things you need to know that will assist you in beginning your process of therapy. Please feel free to discuss any questions you have concerning this information or your treatment with Dr. Clardy at any time.

1. Your therapy sessions (group or individual/family) will be 45 minutes in length.
2. The fee for therapy will be discussed in the intake session, for which there is no charge. At that time you and Dr. Clardy will decide on a fee and the date and time you will start therapy.  
  
YOU WILL RECEIVE A SUPERBILL AT THAT TIME WHICH YOU CAN SUBMIT TO YOUR INSURANCE COMPANY FOR REIMBURSEMENT.
3. Dr. Clardy may choose to use particular testing instruments to enhance the quality of treatment. An additional fee will be charged for any test administered.
4. Missed sessions due to uncontrollable circumstances will be given a make up session. If a session will be missed due to reasonably knowable circumstances, a 24-hour notice is required and a make up session will be offered, otherwise the full session fee will be charged to the client.
5. A telephone answering system is available 24 hours a day. Telephone conversations with your therapist exceeding 5 minutes may be billed on a prorated basis.
6. Audio/Video taping of sessions may be done on occasion for therapeutic and/or professional purposes. These may be done only with your permission and written consent.
7. In some cases a co-therapist may work with your therapist.
8. Because therapy is voluntary, you may begin or end your therapy at any time. It is customary to discuss your desire to terminate therapy at least one month in advance.

About your confidentiality . . .

9. All therapy sessions are kept strictly confidential. This confidentiality includes consultation that the therapist deems necessary for purposes of diagnosis or treatment.

10. Confidentiality and privileged communication remain the rights of all clients according to state law. However there are limits to confidentiality, such as, when a therapist is subpoenaed by a court, or when it is mandated by law. The following are major areas where confidentiality is limited:

California state law mandates the reporting of incidences of child, elder and spousal abuse including: physical abuse, sexual abuse, sexual exploitation of a child, unlawful sexual intercourse, neglect, and permits the reporting of emotional and psychological abuse. All actual or suspected acts of such abuse will need to be reported to the appropriate agency, as required by California Law.

Some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being, or against themselves, it is the therapist's duty to warn appropriate individuals of such intentions. Those warned may include a variety of persons such as: the person or family of the person who is likely to suffer the results of harmful behavior; the family of the client who intends to harm himself or someone else; associates or friends of those threatened or making threats; and law enforcement officials. Before informing anyone who should be warned, the therapist will take all possible steps to share that intention with the client.

***About your finances. . .***

11. I, the undersigned, fully understand that I am responsible for all balances unpaid. I, the undersigned, have read and fully understand the responsibility of this contract. I have received a copy of this agreement and herein agree to abide by all conditions above.

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Client Signature

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Social Security Number

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Date of Birth:

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Signature: Darrell O. Clardy, Ph.D., Psy.D. (LMFT 78390) Today's Date