|  |  |
| --- | --- |
|  | **Lida N. Vala, LMFT (#85639)****125 East Sunnyoaks Ave. Suite 115 Campbell, CA 95008****(408) 430-7530 |** **lida.vala@gmail.com** **| www.lidavala.com** |

**INFORMED CONSENT**

My goal is to provide you and your family with the highest possible quality of care designed to help you achieve and maintain a satisfying and productive life. I am licensed by the state of California as a marriage and family therapist. Thus I am qualified to offer individual, couple, family, child, and group counseling, as well as mental health assessments.

I utilize a compassionate approach where you can feel comfortable to explore and examine your life in order to better understand patterns that may contribute to both successes and problems. My view of progress is not about identifying and making the best decisions possible at any given moment. It's about finding healthy ways to respond to pain and emotional suffering. While most people despise and strive to avoid pain, I value it because it is through pain that we can truly learn our way to heal. I hope to provide the support that will help you find your own way of healing. While therapy can be very helpful in making changes you desire, it can also contribute to unintended changes that you may either welcome or dislike. It’s possible that you may feel vulnerable in the first few months of therapy. Be assured that this is the beginning of a process of discarding past unhealthy patterns that have enabled you to survive up until now. Together we can focus on building safe coping skills so you can begin to thrive.

**Crisis & Emergency Procedures**

My practice provides non-emergency services. If you need to seek assistance during a crisis, please call the County of Santa Clara’s Behavioral Health Services Department’s **Suicide and Crisis Service at (855) 278-4204.** Non-Santa Clara County residents may choose to identify a local Crisis Hotline**.** Additionally, consider using the **Trans Lifeline at 877-565-8860** or the **Trevor Project’s hotline at 1-866-488-7386. *Please use caution when considering using 911 for a mental health emergency.***

**Contact Between Sessions**

You may contact me by either telephone or email. Non urgent communication will be returned by the end of the next business day. It is very important to be aware that contact by email may not be secure, therefore I recommend limiting personal information. Please be aware that while you may choose to communicate via text message or email, I will always respond with a phone call in order to verify that I’ve understood your intended message. If you encounter an urgent issue that cannot wait until our next appointment, feel free to call, although the best times to reach me will be between 9am-9pm on any day. I am occasionally able to provide a brief check-in, typically no longer than 10 minutes. If I am unable to answer the phone call, please leave a detailed message along with the best times to reach you.

**Confidentiality**

My practice observes professional standards regarding confidentiality, and will only reveal information disclosed in the course of treatment outside the practice in the following cases:

**Instances of Permitted Disclosure**

 1. You may consent in writing

 2. There is an imminent risk that you will attempt suicide

 3. There is a court order by a judge requesting my disclosure

 **Instances of Legally Required Disclosure**

1. There is reasonable suspicion of past or present abuse of a child/elder/or dependent adult; this includes reasonable suspicion of anyone knowingly downloading, accessing, or streaming any electronic material that depicts anyone under the age of 18 engaging in obscene sexual conduct.

2. There is an imminent risk of homicide or clear and immediate danger to another person

In addition a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents or other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act. All records are kept in a secured location. For continuity of care, signed releases of information must be in place prior to any exchange of information for other parties involved with the client

**Practice Policies**

My practice policy states that all clients are prohibited from:

1. Attending therapy sessions while under the influence of drugs or alcohol;
2. Engaging in any potentially dangerous or threatening behaviors;
3. Leaving young children unattended in the waiting area.

In the case of Couples or Family Therapy, I employ a “No-Secrets” policy. This means that I cannot promise to keep secrets between partners and/or family members during the course of therapy. This is essential in the cases where my professional assessment determines that I am causing harm or that healing is being delayed due to holding secrets.

**Assessments Letters & Documents**

I am willing to provide assessments for purposes of medical transition according to the standards set forth by WPATH (World Professional Association for Transgender Health). This comes in the form of a “Letter of Readiness” addressed to the medical provider.

I am also willing to provide a Statement of Services, to the client only, that provides information on dates of therapy and diagnosis, if the client wishes to submit to their insurance provider for reimbursement for receiving my services as an out of network mental health provider. Please understand that reimbursement is based on your contract with your health insurance provider. I recommend providing my name and license number to your insurance company and receiving written confirmation to ensure that they will reimburse a portion of your costs.

**Fee and Cancellation Policy**

Clients are expected to pay the **standard fee of $160.00 per 50 minute session**. Longer sessions are pro-rated. **Your cash or check payment is expected at the time of service.**

Your appointment has been specifically set aside for you; therefore a minimum of 24 hours notice is required for cancellations. Your **standard fee will be charged for late cancellations and missed sessions**. There is a charge of $25.00 for checks returned by the bank. If at any point during the course of services, there’s an accumulation of debt that exceeds a balance that is greater than your standard fee, future sessions will not be scheduled until the balance returns to zero.

**The practice reserves the right to refuse service to anyone and to also make treatment recommendations**

I understand that the established Fee per Session is: $  per 50 minute session.

My signature indicates I have read and accept the conditions of this informed consent for myself and/or as guardian for the minor client(s) noted below.

Client Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Responsible Party’s Name Printed/Relationship Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Responsible Party’s Name Printed/Relationship Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Responsible Party’s Name Printed/Relationship Signature Date

\_\_\_Lida Vala\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Name Therapist Signature Date