

**Douglas Lerch MFT**

7 Fourth Street Suite 46  
Petaluma, CA 94952  
(707) 835-4106  
douglerchmft@gmail.com

# Consent for Treatment and Limits of Liability

## **Limits of Services and Assumption of Risks:**

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

## **Limits of Confidentiality :**

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian.

The following is a list of exceptions:

### **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

### **Abuse of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

### **Prenatal Exposure to Controlled Substances**

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients may have the right to access the clients' records.

**Insurance Providers**

Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

**Video Consultation**

As part of the modality of therapy utilized and ongoing training, sessions are recorded by video and reviewed in consultation. The video is shared only with the consultant and consultation group, and otherwise kept confidential..

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

**Consent for Text Communications**

I opt in for communications to be made via text messaging or email, and phone calls.

I opt to not receive communications by text messaging or email.

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Client Printed Name:

# Cancellation Policy, Fees and Insurance:

## **Cancellation**

If you are unable to attend an appointment, we request that you provide **at least 48 hours** advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not canceled with 48 hour notice., unless such cancellation is due to an emergency. For cancellations made with less than 48 hour notice (unless due to emergency) you will be billed for the full session fee. For those with insurance, you will be billed at my regular rate of \$250 for a missed session without 48 hrs notice..

## **Fees**

The hourly rate for individual or couple psychotherapy is set before or during the first session. This fee is \$250. Fees are based on a 50-minute hour.

Sessions over 50 minutes, and telephone calls longer than 5 minutes, are billed at a prorated amount.

Send payment prior or at the end of each session via Venmo @Doug-Lerch

## **Insurance**

For a limited number of clients I accept Carelon Behavioral Health Insurance. For

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Client Signature (Client's Parent/Guardian if under 18)

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Date: