

Kathleen Oravec, M.A., MFTI
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CONSENT TO TREAT & FINANCIAL AGREEMENT

INTRODUCTION:

I am a registered Marriage Family Therapist Intern. I obtain weekly supervision from Deborah Cohen, a licensed Marriage and Family Therapist, MFC #55101.

Kathleen Oravec, M.A., MFTI, IMF #55101

Initial

THERAPEUTIC PROCESS:

The therapeutic process is a personal journey that will hopefully add value to your life. The process is not a “quick fix” and is sometimes uncomfortable. Therapy is a joint effort between you and your therapist. Difficult questions may be asked. Your goals and the changes you want to make are what guide the therapeutic process. You may be asked to do “homework” outside of therapy to give you a chance to experiment with new ideas, perspectives, or patterns of behavior. A child’s therapeutic work may be fairly non-directive as children often play out the issues that concern them. Your concern for your child will be considered and you will be involved in the therapy process appropriately, given that therapy is a confidential process.

You are free to terminate therapy at any time. Your signature on this document indicates that you are **voluntarily agreeing to treatment** with Kathleen Oravec, M.A., MFTI, who may terminate therapy with you at any time, assuring as much as possible that the termination is not harmful to you.

Initial

ETHICAL STANDARDS:

As a registered Marriage and Family Therapist Intern, I am bound by ethical standards to “advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.”* I do not discriminate on the basis of race, gender, religion, national origin, age, sexual orientation, and disability, socioeconomic or marital status. I avoid any exploitation of the trust you give me. I will not have any sexual contact or relationship with you or any member of your family. I will take care that your needs are not neglected, even if I am unable to continue with your therapy. If you have any concern about your treatment, please bring them to my attention.

CONFIDENTIALITY:

“Marriage and family therapists do not disclose patient confidences, including the names or identities of their patients, to anyone except a) as mandated by law, b) as permitted by law, c) when the marriage and family therapist is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case patient confidences may only be disclosed in the course of that action), or d) if there is an authorization previously obtained in writing, and then such information may only be revealed in accordance with the terms of the authorization. “* Registered Marriage and Family Therapist Interns will consult with their supervisor(s) when necessary, and supervisors are bound by these same confidentiality and ethical standards.

Exceptions to confidentiality include, but are not limited to, the following:

1. In the event it is suspect that a child has been or may have been injured, other than accidentally, a report is made immediately by telephone to Employment and Health Services, Children and Family Bureau (formerly Children’s Protective Services) and a written report is submitted within thirty-six (36) hours.
2. If it is believed that you present a danger of serious bodily harm to yourself or to another person, or if you express an intention to endanger the property of another person, your therapist will take steps to protect you or the other person. This may include notifying the police and the other person.
3. If your therapist has observed, have knowledge of, or have a reasonable suspicion that an elder (65 years of age or older) or a dependent adult has suffered physical abuse, abandonment, isolation, financial abuse or neglect, your therapist will take steps to protect that person by immediately reporting to Adult Protective Services by telephone, following with a written report within two working days.
4. In the event of a subpoena from the Court, your therapist may be mandated to produce records or to testify before the Court.

FEES AND CANCELLATIONS:

I, _____, agree to pay \$ _____ at the beginning of each session.

I understand that:

1. Sessions are 50 minutes long and occur weekly unless other arrangements are made for therapeutic reasons.
2. If I do not call and do not keep my appointment, or if I cancel less than 24 hours, except in an emergency, before my appointment, I will be charged my usual fee for the missed appointment. This amount will be due at my next appointment.
3. There is no charge if I cancel 24 hours before my appointment time.
4. I understand that my counseling case will be closed;

if I no-show twice in a row without notification to the therapist,
if I cancel my appointment less than 24 hours in advance or no-show more than 3 times
in 3 months.
5. I understand that I will not be seen if I am impaired by drug or alcohol use and that session will be considered canceled without 24 hours notice.

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