

Dr. Lindsey Beaven, PhD, MFT (Lic. #MFC 46826)

15 Austin Ave., San Anselmo, CA 94960 • 415-902-1304 • lbeaven4@gmail.com
 drlindseybeavenmft.com • dealingwithillness.com • petlosscounsel.weebly.com

AGREEMENT FOR SERVICES/ INFORMED CONSENT

Introduction

- This document is intended to provide important information regarding our work together. Please read the entire document carefully and be sure to ask any questions you may have.
- I am a Licensed Marriage and Family Therapist (Lic. # 46826), doing business at 15 Austin Ave., San Anselmo, CA 94960.
- My mailing address is: P.O. Box 9534, San Rafael, CA 94912

About the Process

- We are partners in the process of personal exploration and discovery.
- Questions about services are encouraged and you have the right to agree or disagree with my recommendations.
- A natural part of the work is the possibility of experiencing less than comfortable feelings and making important personal decisions, which can present new opportunities and also unique challenges. A positive decision for one family member may be viewed as negative by another.
- Due to each person's individual needs, it is not possible to predict the length or outcome of our work together.

Confidentiality

- Except for a few exceptions outlined below, all communications between us will be held in strict confidence unless you provide written permission to authorize a release of information to third parties.
- If you participate in couples or family work, I will not disclose confidential information to third parties about your treatment unless all those who participated in the treatment with you provide their written authorization to release such information.
- "No Secrets policy:" If you participate in family, and/or couples therapy, I may reveal information shared with me privately, to others participating in therapy.

Exceptions to confidentiality

- I am mandated by law to report instances of suspected child or elder abuse.
- I may be required or permitted to break confidentiality if I determine that a person presents a serious danger of physical violence to another person or when s/he is dangerous to him/herself.
- The Patriot Act of 2001 requires me (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items, and it prohibits me from disclosing to the patient that the FBI sought or obtained the items under the Act.

Fees

- The charge a 50-minute session fee is \$125 for an individual and \$140 for a couples or family session.
- It is payable at the start of each session or may be billed by arrangement.
- Payment may be made by cash, check or credit card. Checks should be made out to Lindsey Beaven, MFT. To avoid using therapy time for check writing, please consider preparing your payment in advance of the session.
- Checks that do not clear are subject to a \$25 charge.
- Fees are reviewed periodically, and patients given reasonable notice prior to any increase. Please discuss any financial concerns or hardships with me as soon as possible.
- If you become unable to continue paying for my services, please inform me so that I can help you consider options that may be available.
- It is your responsibility to bill your insurance company and I can provide you with a periodic "superbill" for this purpose. However, you, not your insurance company, are responsible for payment of fees.
- Missed or cancelled appointments, without 24 hours notice, are billed at the hourly rate unless they can be re-scheduled within the same week.
- Communication with you outside your appointment time is billed on a prorated basis if it exceeds 10 minutes per week.
- Communication with third parties on your behalf (doctors, psychiatrists, clinics, family members, advisors, etc.) is billed on a prorated basis.

(Over)

