

**Sharon Kane MFT**  
Marriage and Family Therapist  
License No. 51215  
(310) 963-6736  
sharon@sharonkanemft.com

## **AGREEMENT FOR SERVICE / INFORMED CONSENT**

### **Introduction**

This Agreement is intended to provide Client(s) with important information regarding the practices, policies and procedures of Sharon Kane and to clarify the terms of the professional therapeutic relationship between Sharon Kane and Client(s). Any questions or concerns regarding the contents of this Agreement should be discussed with Sharon Kane prior to signing it.

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which Sharon Kane and Client(s) discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client(s) can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client(s) may be experiencing. Psychotherapy is a joint effort between Client(s) and Sharon Kane. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Client(s), including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client(s), including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Sharon Kane will challenge Clients' perceptions and assumptions, and offer different perspectives. The issues presented by Client(s) may result in unintended outcomes, including changes in personal relationships. Client(s) should be aware that any decision on the status of his/her personal relationships is the responsibility of Client(s).

During the therapeutic process, many Client(s)s find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client(s) should address any concerns he/she has regarding his/her progress in therapy with Sharon Kane.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, Sharon Kane regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Sharon Kane will not reveal any personally identifying information regarding Client(s).

### **Records and Record Keeping**

Sharon Kane may take notes during session, and will also produce other notes and records regarding Clients' treatment. These notes constitute Sharon Kane's clinical and business records, which by law, Sharon Kane is required to maintain. Such records are the sole property of Sharon Kane. Should Client(s) request a copy of Sharon Kane's records, such a request must be made in writing. Sharon Kane reserves the right, under California law, to provide Client(s) with a treatment summary in lieu of actual records. Sharon Kane also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Sharon Kane will maintain Clients' records for ten years following termination of therapy.

### **Confidentiality**

The information disclosed by Client(s) is generally confidential and will not be released to any third party without written authorization from Client(s), except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a Client(s) makes a serious threat of violence towards a reasonably identifiable victim, or when a Client(s) is dangerous to him/herself or the person or property of another.

### **Minors and Confidentiality**

Communications between Sharon Kane and Client(s) who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, Sharon Kane, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor Client(s) with the parent or caretaker.

### **Therapist-Client(s) Privilege**

The information disclosed by Client(s), as well as any records created, is subject to the Therapist Kane-Client(s) privilege. The Therapist Kane-Client(s) privilege results from the special relationship between Sharon Kane and Client(s) in the eyes of the law. It is akin to the attorney-client privilege or the doctor-Client(s) privilege. Typically, the Client(s) is the holder of the Therapist Kane-Client(s) privilege. If Sharon Kane received a subpoena for records, deposition testimony, or testimony in a court of law, Sharon Kane will assert the Therapist Kane-Client(s) privilege on Clients' behalf until instructed, in writing, to do otherwise by Client(s) or Clients' representative. Client(s) should be aware that he/she might be waiving the Therapist Kane-Client(s) privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client(s) should address any concerns he/she might have regarding the Therapist Kane-Client(s) privilege with his/her attorney.

### **Fee and Fee Arrangements**

The fee for service is for a 50-minute session. Sessions longer than 50-minutes are charged for the additional time pro rata. Sharon Kane reserves the right to periodically adjust this fee. Client(s) will be notified of any fee adjustment in advance. Client(s)s are expected to pay for services at the time services are rendered.

From time-to-time, Sharon Kane may engage in telephone contact with Client(s) for purposes other than scheduling sessions. Client(s) is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 15 minutes. In addition, from time-to-time, Sharon Kane may engage in telephone contact with third parties at Clients' request and with Clients' advance written authorization. Client(s) is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than 15 minutes.

**Insurance**

Sharon Kane is not a contracted provider with any insurance company, managed care organization. Should Client(s) choose to use his/her insurance, Sharon Kane will provide Client(s) with a statement, which Client(s) can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

**Cancellation Policy**

Client(s) is responsible for payment of the agreed upon fee for any missed session(s). Client(s) is also responsible for payment of the agreed upon fee for any session(s) for which Client(s) failed to give Sharon Kane at least 24 hours notice of cancellation. Cancellation notice should be left on Sharon Kane’s voice mail at (310) 963-6736.

**Sharon Kane Availability**

Sharon Kane will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Sharon Kane is unable to provide 24-hour crisis service. In the event that Client(s) is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

**Termination of Therapy**

Sharon Kane reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client(s) needs are outside of Sharon Kane’s scope of competence or practice, or Client(s) is not making adequate progress in therapy. Client(s) has the right to terminate therapy at his/her discretion. Upon either party’s decision to terminate therapy, Sharon Kane will generally recommend that Client(s) participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Sharon Kane will also attempt to ensure a smooth transition to another Sharon Kane by offering referrals to Client(s).

**Acknowledgement**

By signing below, Client(s) acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client(s) has discussed such terms and conditions with Sharon Kane, and has had any questions with regard to its terms and conditions answered to Clients’ satisfaction. Client(s) agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Sharon Kane. Moreover, Client(s) agrees to hold Sharon Kane free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

\_\_\_\_\_  
Client(s)(s) Name (please print)

\_\_\_\_\_  
Signature of Client(s)(s) (or authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sharon Kane

\_\_\_\_\_  
Date