

Karen Dobbins MS, LMFT ~Licensed Marriage and Family Therapist~MFC 43439  
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DATE \_\_\_\_\_

### **Agreement for Services & Informed Consent**

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you have regarding its contents.

### **Therapist's Credentials**

ICEEFT Certified Emotionally Focused Therapist (2011)  
Licensed Marriage and Family Therapist, License Number MFC 43439 (Current)  
Master of Science, Clinical Counseling (2002)  
Registered Nurse, License Number 288093 (Current)

### **Current Fees and Insurance**

The fee for service is \$100 per individual therapy session (50 Minutes)

The fee for service is \$125 per couple session (50 Minutes)

The fee for service is \$150 per couple/family therapy session (75 Minutes)

Fees are paid by cash or check and collected at the beginning of each session.

I am not a contracted provider with any insurance company. Should you choose to use your PPO insurance, I will provide you with a statement, which you can submit to your insurance company to seek reimbursement of fees already paid.

Should you contact me for purposes other than scheduling a session, please keep communications brief. For communications outside of session lasting beyond 10 minutes, you will be responsible for a payment of your usual session fee on a pro rata basis.

### **Confidentiality**

All communications between you and I will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in couple or family therapy, I will not disclose confidential information about your treatment unless everyone who participated in the treatment with you provides their written permission. However, it is important that you know that I use a "no-secrets" policy when conducting couple or family therapy. This means that if you participate in couples and/or family therapy, I am permitted to use information obtained in an individual session or conversation that you may have had with me, when working with your spouse/partner or other members of your family.

### **Exceptions to Confidentiality**

Therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself.

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### **Minors and Confidentiality**

Communications between therapists and clients 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, in the exercise of my professional judgment, I may discuss the treatment progress of a minor client with the parent or guardian. Clients, who are minors, and their parents, are urged to discuss any questions or concerns that they have on this topic with me.

### **Appointment Scheduling and Cancellation Policies**

Sessions typically are scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, please notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24-hours-advance notice, you are responsible for payment of the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

### **Therapist Availability/Emergencies**

You may leave a message for me at any time on my confidential office voicemail. I will make every effort to return your phone call within 24 hours Monday – Friday. I am unable to provide 24-hour crisis service. In the event of a medical/psychiatric emergency, or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or go to the nearest emergency room.

### **Therapist Communications**

You and I may need to communicate by phone, email, or text. Please indicate your preferences and let me know me if you do not wish to be contacted at a particular time or place, or by a particular means. Please limit text and email to appointment confirmations, clarifications or cancellations. This is for the protection of your sensitive information.

### **About the Therapy Process**

It will be my goal to build a safe and secure relationship with you, as a foundation for the work we will do together. We will work collaboratively, beginning with identifying and discussing what feels important to you and together, we will develop treatment goals to guide the therapy process. I will use a variety of approaches, which draw from experiential, family systems and attachment theories. Due to the nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result. However, you and I will review your progress and revisit your treatment goals to optimize your treatment.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, I participate in clinical, ethical and legal consultation with appropriate professionals. During such consultations, I do not reveal any personally identifying information regarding my clients.

