

Liana Wenger, MA, MFT LIC#97854
582 Market Street, Suite 1509
San Francisco, CA 94104
(415) 854-7736

INFORMED CONSENT

I, Liana Wenger, am a Licensed Marriage and Family Therapy in the State of California. As such there are some policies and guidelines covered in this disclosure that it is important I share with you in order for our work together to be as effective as possible.

RISKS AND BENEFITS:

Because therapy often includes discussing challenging aspects of your life, you may experience feelings such as anger, sadness, guilt, or frustration as a result. The process of focusing on these experiences with therapeutic support can be beneficial and can create change in your life. Therapy is an investment in yourself and it can take time.

Therapy may lead to better relationships, solutions to specific problems, and reductions in feelings of distress. The length of treatment will vary and will depend on your goals and the complexity of the issues addressed. I welcome your questions or comments about our work together.

CONFIDENTIALITY:

The information discussed during your therapy sessions is confidential. Under the following specific circumstances I may be compelled or allowed by law or ethical guidelines to disclose confidential information:

- You are a danger to yourself or to the person or property of others, or unable to care for yourself. (Involuntary hospitalization may be required.)
- You make a serious threat of physical violence against a reasonably identifiable victim.
- I have a reasonable suspicion that a minor is the victim of neglect or sexual, physical, or emotional abuse, or an elder or dependent adult is the victim of abuse.
- My records are subpoenaed or my testimony is compelled, and I must comply with a court order.
- I am appointed by a court to assess you, to determine your sanity in a criminal proceeding, or to establish your competence under law.
- I must file a report that may become public (such as court ordered psychotherapy within a drug treatment program).
- You have introduced your mental or emotional state into a legal proceeding.
- During a course of couples or family therapy, when multiple family members are seen individually, confidentiality and privilege does not apply between the couple or between family members.
- When minor children receive individual treatment with parent/legal guardian consent, parents/legal guardians are the holders of privilege; however, details regarding the treatment of your minor child/children may not be shared with you.

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- If you, as a client of mine, are under sixteen years old and the victim of a crime. If, in the event of your death, our communications are important to establish your actions or intentions regarding your will or other disposition of property, or important to an issue between parties claiming through you.
- If you make or threaten a legal, administrative, or ethical claim against me.
- If you default a fee due to me, I reserve the right to seek restitution through a third party, which would require disclosing that you had been my client and the balance of your outstanding fee(s).

Please note:

- If you are seeking insurance reimbursement, I will be required to acknowledge that you are my client, and some information may be given to your insurance company. If you plan to request a written receipt to submit to your insurance company for reimbursement, discuss this with me at the outset of treatment. Be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.
- I may ask you to sign a Release of Information that will allow me to consult with a third party (for example, a physician, psychiatrist, former therapist, or family member), in the interest of furthering my work with you. If I am treating you as a couple, I need to obtain written consent from both of you before I am able to exchange information with any other party.
- I may periodically discuss your therapy in consultation with other licensed professionals. In such cases, your name and other identifying information will be kept confidential. I may, with your permission, record some or all of our sessions, also for the purpose of improving my work and receiving feedback from consultants and colleagues.
- Progress notes of our meetings will be entered into my confidential files. You have the right to request to see the contents of your file at any time during therapy or immediately following termination of treatment. I reserve the right to provide you with a summary of my notes and our therapeutic work together

FEE:

My fee is due at the end of each session in the form of cash, check, or credit card. You agree to pay \$180 or an other agreed upon amount per 50 minute session. I have a few sliding scale slots in my practice. We can discuss your need for an adjusted fee. I increase my fees periodically, and I will discuss with you any planned fee change. Fees for any non sufficient fund (NSF) checks will be billed to you.

COMMUNICATION:

Phone: If you need to talk with me between scheduled sessions, you may leave me a message at any time at (415) 854-7736 I will get back to you within 24 hours unless otherwise stated. You may

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also e-mail me. This means I will not necessarily be available in emergencies. There is no charge for calls of less than 15 minutes. The charge for calls of 15 minutes or more is prorated based on your fee for a 50 minute session. In case of an emergency or if you cannot wait for me to return your call, contact your local crisis line, your family physician, or the nearest emergency room.

Psychiatric Emergency Services: (415) 206-8125 Mobile Crisis Team: (415) 970-4000
Comprehensive Child Crisis: (415) 970-3800 S.F. Suicide Prevention: (415) 781-0500

Email: You may also send an email to: liana@lianawengermft.com. Please note that email, cell phone/text, and fax communication can be accessed by unauthorized individuals and, therefore, the privacy and confidentiality of such communication can be compromised. Email should be reserved for short communications regarding logistics. If you are in need of longer communication we should schedule a phone call. If you cancel a session via email, please ensure that you get a confirmation message from me before assuming it is cancelled.

INSURANCE REIMBURSEMENT:

Superbills: If you wish to receive reimbursement from your insurance carrier, I can provide you with an invoice of services. For most carriers, I am considered an "out of network" provider. If you are considering using health insurance to cover the costs of therapy it is important to know that insurance companies, and plans, vary according to their coverage of mental health benefits. It is important, therefore, to research your coverage prior to commencing therapy.

SCHEDULING AND CANCELLATION POLICY:

For therapy to be effective, continuity is essential. When you make this commitment, I reserve an ongoing appointment time for you. Therefore, this appointment time is not available and I am unable to offer it to others. As a result, you will be charged for any session that is cancelled with less than 48 hours notice. If you plan to cancel an appointment I ask that you give me as much notice as possible. I will try and reschedule your missed appointment the same week providing you can meet at a time I have available.

ENDING THERAPY:

Therapy comes to an end for a variety of reasons. If I think it best to end our work together, it is typically because you have accomplished your therapeutic goals. Occasionally I feel that a client would be better served with a different professional. I also reserve the right to end therapy if a client does not adhere to these policies. You may withdraw from therapy at any time. If you feel that you need to or would like to end therapy, for whatever reason, please discuss this with me as soon as possible. Closure in psychotherapy is important, and it is preferable to schedule one or more sessions prior to a mutually agreed upon termination date.

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BY SIGNING BELOW YOU AGREE TO THESE POLICIES AND GIVE CONSENT TO ENGAGE IN
TREATMENT WITH ME.

Name (please print) _____

Address _____

Phone _____ E-mail _____ DOB _____

Signature _____ Date _____

Emergency Contact Name _____

Relationship _____ Phone Number _____

Address _____

Name (please print) _____

Address _____

Phone _____ E-mail _____ DOB _____

Signature _____ Date _____

Emergency Contact Name _____

Relationship _____ Phone Number _____

Address _____