Jim Swaniger, MA
Licensed Marriage & Family Therapist
License # MFC 36314

2192 Martin, # 150
Irvine CA, 92612
949.760.7171

INFORMED CONSENT FOR DYNAMIC PSYCHOTHERAPY

The State of California expects that you are informed of possible contingencies that might arise during psychotherapy. Please be sure you read, understand, and discuss all questions with your therapist. Since this document has the force of contract, we cannot proceed until we reach an agreement on all items.

PSYCHOTHERAPY SERVICES

During your initial appointment(s) we will discuss your reasons for seeking my services; your goals; the risks and benefits of therapy and appropriateness of my training, experience and licensure. If we agree to continue, therapy can have several benefits including better self understanding; improved interpersonal relationships and resolution of your current concerns. Please note that therapy can involve considerable discomfort as you explore and resolve difficult issues. The number of visits and the types of therapy used will depend in part on the type of problem(s), the treatment plan we develop and the effort you invest in our work. The primary method used will be psychodynamic psychotherapy.

APPOINTMENTS & FEES

Appointments last (50) minutes and start and stop on time. The fee is $140.00 per session. This fee also applies to work done on your behalf, such as written reports, phone contact, travel, etc.
I do not bill insurance companies. At your request I will provide a statement which you can submit to your insurance company to seek reimbursement of fees already paid. You assume full responsibility for payment at the time of each session; payment for missed session unless you provide a (24) hour cancellation notice; payment of cancelled check fees and full payment for legal, arbitration and collection fees. Accepted forms of payment include check, cash, debit or credit card. Receipts are provided at your request. A (60) days notice is provided prior to any fee increases.

CONFIDENTIALITY

The information disclosed by you is generally confidential and will not be released to any third party without your written authorization 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 patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another. Your confidentiality is at risk when you communicate by phone; voice mail; text message; email; fax; when you pay for therapy with a credit or debit card and when you submit insurance claims forms.

We cannot interact outside of therapy since this would constitute a prohibited “dual’ relationship. Let me know if you have preferences about public encounters otherwise I may ignore you.

Clients being seen in couple’s therapy are legally obligated to respect each other’s confidentiality. I will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to your partner who is also in treatment and who may, from time to time, be seen separately. Release of treatment records related to marital and couples therapy requires a signed authorization by both partners.

PHONE CALLS

If we need to interact by phone for more than (10) minutes, we can either schedule a separate session or you agree to a prorated charge for time spent. In the event that you feel unsafe or you require immediate medical or psychiatric assistance, call 911 or go to the nearest emergency room.

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TERMINATION OF TREATMENT

You have the right to terminate therapy at any time. The recommended time span for agreed upon termination is usually (3) sessions. I may terminate treatment if payment is not timely; if you are not compliant with prescribed medications related to your medical, emotional and/or psychological well-being; if you do not follow-through with my recommendation(s) to consult with other licensed healthcare professionals; if you do not refrain from dangerous practices (coming to sessions intoxicated, etc.); if you attempt to gain or use personal information about me such as my residence or otherwise attempt to make personal contact; if some problem emerges that is not within the scope of my competence; if I experience our interaction as abusive, or if it becomes known that you are currently in therapy with another therapist and you do not disclose this at the start of therapy with me.

Please consider the risks that psychological change may have on your relationships and the possible need for psychiatric support during periods of depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times. The outcome of marital/couples therapy may be viewed as undesirable by one or both partners.

ARBITRATION AGREEMENT

You agree to address any grievances you may have directly with me as soon as possible. If we cannot settle the matter between us, or through a jointly agreed-upon outside consultation, an arbitration process will be initiated under the auspices of the American Arbitration Association. The outcome will be considered a complete resolution and legally binding decision and you are agreeing to give up your right to a jury or court trial.

By your signature, you are (1) confirming that you have read this informed consent completely; (2) consenting to psychotherapy treatment; (3) have received full and satisfactory responses to your questions and (4) agree to all provisions in this contract. This agreement constitutes the entirety of our professional contract. Any changes must be signed by both parties. Complaints can be addressed to www.bbs.ca/gov.

______________________________ ____________________
Client Signature Date

______________________________ ____________________
Therapist Signature Date