Jennifer McCarthy MFT  
Marriage & Family Therapist  
(MFC# 51606)

Disclosure Statement & Agreement for Services  
Please initial each section to indicate your full understanding and agreement.

**Introduction\_\_\_\_\_\_**

This document provides important information regarding your therapy. Please ask any questions you have as you read. Jennifer McCarthy is a Marriage and Family Therapist (MFT) licensed by the state of California. If you choose to proceed with therapy, this will be a co-created process and you will be primarily responsible for the positive outcome.

**About the Therapy Process\_\_\_\_\_\_**

It is Jennifer’s intention to provide services that will assist you in reaching your goals. Therapists and clients are partners in the therapeutic process. Please let Jennifer know along the way what is working or not working for you in therapy. You have the right to agree or disagree with her ideas. Jennifer looks forward to helping you access your own strengths and solutions and to discussing your progress with you.

**Fees for therapy\_\_\_\_\_\_**

The fee/self-investment is \_\_\_\_\_\_\_\_\_\_\_\_ per 50 minute hour for individual therapy sessions. The client will pay by check or cash at the time of each session. If a longer session is requested and the time is available, the rate will be prorated to fit the length of the session.

If for some reason you find that you are unable to continue paying for your therapy, please let Jennifer know. She will then help you consider any options that may be available to you at that time. (Note: Jennifer does not accept health insurance).

**Emergency Resources\_\_\_\_\_\_**

The following resource is available to assist individuals who are in crisis:  
San Diego Crisis Line: 1-888-724-7240

**In the event of a life threatening psychiatric or medical emergency, please call 911**

**Appointment Scheduling and Cancellation Policies\_\_\_\_\_\_**Sessions are typically scheduled weekly. Your consistency with your sessions will greatly contribute to your successful outcome.

**To cancel or reschedule, please contact Jennifer at least 24 hours before your appointment. Otherwise, you will be charged for the time reserved. Payment for missed appointments is due within one week.**

Contact Jennifer by text or voicemail at **(619)733-7053**.

**Please note:** If you want added support between sessions, you may text or call Jennifer to schedule additional sessions in person or by phone, depending on availability that week. The hourly rate will be prorated to fit the length of the added session or telephone consultation.

**Jennifer is not available for unscheduled consultation (including email, phone, or text).**

**Your Contact Preferences\_\_\_\_\_\_\_**

If your therapist needs to communicate with you, how would you prefer to be contacted? Please indicate your preference by checking any of these options:

\_\_\_\_Jennifer may call or text me on my cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Jennifer may call me at my home number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Jennifer may leave a message on my home number (above) answering machine.

\_\_\_\_Jennifer may contact me by email at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please inform Jennifer if your contact info changes or if you do not wish to be contacted at a particular time or place.

**Confidentiality\_\_\_\_\_\_\_**

All communications between you and your therapist will be kept confidential as the law permits. If you request that your therapist release information to another person, your written permission will be required.

If you choose to include couples or family therapy in your process:

* A written permission to release information will be required from each person who participates in order to disclose confidential information about your couples or family therapy.
* Your therapist utilizes a “no-secrets” policy within the group when conducting family or couples therapy. This means that your therapist may use information from individual sessions when working with others in the couple or family group. If you choose to include couples or family therapy, please feel free to ask your therapist about the “no secrets” policy and how it may apply to you and/or your circumstances.

**Legal and/or ethical exceptions to confidentiality**:

* Therapists are required to report instances of suspected child, elder, or dependent adult abuse.
* Therapists may be required or permitted to beak 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.

**Concluding Therapy\_\_\_\_\_\_**

You may discontinue therapy at any time. If you or Jennifer realize that you are not benefitting from therapy, either of you may initiate a discussion of alternative supports for reaching your goals. Alternatives may include, among other possibilities, referral, changing your plan for therapy, or ending your therapy.

The length of your therapy and the timing of concluding depend on the specifics of your goals and the progress you achieve. It is a good idea to plan for concluding your therapy in collaboration with your therapist. Together you can create a plan for your continued success as you approach the completion of your goals. This plan ,ay include the option of returning to therapy as a resource when new goals surface for you.

Your signature below indicates that you have read this agreement for services carefully, understand its contents, and are in full agreement. If you have any remaining questions or concerns, please ask Jennifer to address them before you sign.

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(please sign) (please print)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Mailing Address:

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