



MARSTON JAMES, LMFT

Licensed Marriage & Family Therapist – License # 35270

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CONSENT TO TREATMENT AND OFFICE POLICIES

All matters discussed in therapy are *confidential*, with the following exceptions: (1) When you (the client) give written permission for the therapist to share specific information with others (e.g., personal physician or insurance company); (2) If the therapist has reason to believe that you are acutely *suicidal*, the therapist will take measures necessary to protect your safety, including breaking confidentiality to make reasonable attempts to notify loved ones, and possible psychiatric hospitalization; (3) When the therapist has reason to suspect that a child, elderly person, or dependent adult in your life has been physically, sexually, emotionally, or financially abused; (4) If the therapist has reason to believe that you intend to physically harm another person; (5) If the therapist has reason to believe that an animal/pet in your care is being abused or neglected.

If you need to contact the therapist between sessions, please leave a message or text at the above phone number and indicate clearly if there is an emergency situation. Your call/text will be returned as soon as possible. However, the therapist may not be able to reply promptly, especially during working hours or late at night. If you need to talk to someone right away, you can call the L.A. Suicide Hotline (@ 800.235.1191) or call 911.

You (the client) are responsible for payment of the agreed-upon fee at the beginning of each session, unless other arrangements have been made in advance. Payment of fees can be made through Venmo, PayPal, cash, or check. You will be charged for appointments missed without notification and for appointments canceled or changed without 24 hours notice. You accept responsibility for payment of all fees, including any claims submitted to an insurance company that are denied for any reason. There will be a \$25 service charge on all returned checks.

Participating in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. However, psychotherapy requires your active involvement, honesty, and openness. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing discomfort or strong feelings of anger, sadness, anxiety, depression, etc. The therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel upset, angry, depressed, challenged, or disappointed.

Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

If you have any unanswered questions about your progress, the treatment plan, or any of the procedures used in the course of your therapy, please ask and you will be answered fully. If at any point the therapist assesses that the therapy process is not or will not be effective in helping you reach the therapeutic goals, he will discuss it with you and, if appropriate, suggest an end to the therapy. In such a case, the therapist would give you a number of referrals which may be of help to you. If at any time you wish another professional's opinion or wish to consult with another therapist, the therapist will assist you in finding someone qualified. You have the right to terminate therapy at any time.

I have read the above office policies and information carefully. I understand them and agree to comply with them.

Client Signature: _____

Date: _____