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INFORMED CONSENT

Welcome to my practice

This document contains important information about my professional services and business policies and how they may affect you. Please read it carefully and make note of any questions you want to discuss with me. Once you sign this document, it will become a binding agreement between us and also provide your consent to begin therapy. Therapy is a unique and highly individual experience with the outcome determined by the effort and motivation you bring to work towards a change in yourself and how you see the world around you. It can result in a number of benefits to you and can potentially help in your ability to detect, challenge, and change beliefs and attitudes that may create, maintain, and worsen feelings of depression, anxiety, panic, anger, frustration, etc. Therapy also has the potential to help you gain new or deeper understanding about your issues and learn new ways of coping with and solving them. However, there is no guarantee that therapy will yield positive or intended results. Because feelings will be explored, you may feel a range of emotions that can be intense and uncomfortable at times. During the course of therapy, some of your assumptions, perceptions, or behaviors may be challenged, which can cause you to feel very upset, angry, depressed, uncomfortable, confused, or disappointed. I encourage you to explore those feelings during our sessions, as they are part of the therapeutic process. At any time during our work together, you have the right to decide to end treatment. If you start considering ending therapy, I encourage you to discuss it with me, and if you wish, I will be glad to provide you with the names of other therapists. Typically, therapy sessions last 50 minutes and take place on a weekly basis. Initial couple or family sessions may last a little longer, and this will be discussed and agreed upon at the time of meeting scheduling.

Cancellations and Rescheduling

Sessions typically last for 50 minutes, unless otherwise agreed upon, and will begin and end as scheduled. **If you are more than 15 minutes late for a scheduled appointment, you will have to reschedule and you will be charged the \$75 late cancellation fee. If appointments cannot be kept, they must be cancelled at least 24 hours in advance, otherwise you will be charged a no-show fee of \$75.00 for that missed appointment.** If you do not show up for a session or cancel a session and do not ask to reschedule, your appointment time may be given to another client. **Please avoid using email or texting as a way of communicating anything more than scheduling appointments as this may cause privacy problems and time constraints.**

Fees and Payment

Payment of therapy fees need to be made at the beginning of each session in full unless other arrangements have been made. Please bring your check ready (made payable to Nassiba Cherif) so that we can maximize your therapy time. Credit card charges will also be made at the beginning of the session. If you wish to seek reimbursement for my services from your health insurance company, please contact your insurance company directly to find out their limits of coverage for mental health services.

Additional Fees

Extended sessions and telephone conversations that exceed ten (10) minutes will be charged a fee based on your regular session fee. Written reports, evaluations authorized or requested by you, or copying of your file follow this same policy.

Contacting me

You may contact me by phone Monday through Saturday until 8:00pm. I will do my best to reach you within 24 hours of your phone call. On Sundays or holidays, I will only return calls in the cases of emergency, otherwise I will return calls on Monday or the day after the holiday. Phone calls are generally limited to 10 minutes, beyond this time you will be charged at a prorated amount of my usual fee.

Email Usage

By nature, therapy is confidential. You can have the confidence that your insights, experiences, and feelings will not be shared outside the therapeutic relationship established. Email correspondence is NOT secure or confidential. I will not respond to your emails in general. Anything stated in an email from you will be discussed in session only. Email correspondence is NOT to be used in the case of an emergency to contact me. If you need to contact me with something that demands immediate attention, please do so by phone, call 911, or go to the emergency room.

If you are experiencing a life-threatening emergency and need to talk to someone immediately, you can call 911, the Suicide Prevention Hotline at (800) 273-TALK (8255), the police, or your local hospital emergency room and ask for the psychologist or psychiatrist on call.

Confidentiality

Please refer to *Limits of Confidentiality* Form for details.

When working with minors, confidentiality will be kept unless there is a concern that the child is in danger to themselves, someone else, or has been harmed. In these cases the parent(s) will be notified of the concern after discussing the matter with the minor and have done my best to

handle any objections he/she may have. During treatment, I will provided parents with only general information about the progress of treatment and the attendance of scheduled sessions.

No Secrets Policy

When a couple enters into therapy, it is considered to be one unit. This means that my commitment is to the couple “unit,” and not to either partner as individuals. This is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict “No Secrets” policy. This means that I will not hold secrets for either partner. This policy is intended to allow me to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. On occasion during the counseling process, individual partners may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple’s counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

Agreement

I have read this information fully and completely, I have discussed any questions I had about the information, and I understand the information. I acknowledge that it is my choice to participate in therapy (or have my child participate). I realize that the outcome of therapy depends upon my personal investment in the therapy process. I have familiarized myself with the fees and charges for services provided, and I understand and agree that the therapeutic services rendered will be charged to me and not to any third-party payer. I acknowledge responsibility for payment of these services.

Please initial below that you understand the terms of payment:

_____ I agree to pay \$_____ for therapy. I understand I am responsible for seeking reimbursement from my insurance company.

_____ I will be using my EAP or Victim Compensation Benefits for #_____ sessions. (Please check with your therapist about using these services before scheduling your first appointment.)

This is to certify that I give permission to Nassiba Cherif, LMFT to provide therapy services to me (or my child). I understand that therapy is voluntary and I can discontinue at any time. My signature below indicates that I understand and agree to abide by all provisions listed above.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date