

PAT BATHURST

Pat Bathurst , M.A., M.F.T.

License # 38098

471 E. Tahquitz Canyon Way

Ste. 213

Palm Springs, CA. 92262

760.972.7194

Informed Consent

The Therapy Process: Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved relationships, and resolution of specific concerns that led you to seek treatment. Working toward these benefits requires effort and may result in your experiencing considerable discomfort. Change will sometimes be easy and swift, but often is slow and difficult. I utilize talk therapy to assist you.

Client's Rights

You have the right to a confidential relationship with me. Within certain legal limits, information revealed by you will be kept completely confidential and will not be revealed without your written permission.

You have a right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of the content. If you ask me, I can release any part of your records on file to any person you specify. I will talk with you about the benefits or limitation of that decision when you make a request.

Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:

1. If you reveal to me active child abuse or neglect or if an alleged perpetrator is in contact with minors and there is reasonable suspicion that he/she may still be abusing the minor. IF active physical abuse of a dependent adult or elder is taking place.
2. If you seriously threaten harm or death to another person or their property, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
3. If you are in therapy by order of the court, I am required to reveal the results of the treatment.
4. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
5. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your records.

You have the right to ask questions about any of the procedures used in the course of your therapy. Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer. You have the right to terminate therapy with me at any time. I have the right to termination of therapy with you under the following conditions:

1. When I believe therapy is no longer beneficial to you.
2. When you fail to follow recommended treatment.
3. When I believe you would be better served by another professional.
4. When you have not paid for the last two sessions, unless special arrangements have been made with me.
5. When you failed to show up for your last two therapy sessions without a 48 hour notice.
6. If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified who can help, if they are available.

Fee and Length of Therapy

I agree to enter therapy with Pat Bathurst, M.F.T, for 60 minute sessions. The current fee for individual therapy is \$_____ dollars for each 60 minute session. I will make payment at the time of my therapy appointment. I agree to pay for completed therapy sessions and for telephone time as outlined in the Office Policies section of this document.

Office Policies

1. Payment for Service: You are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify me if any problem arises regarding your ability to make timely payment.
2. Insurance Reimbursement: Patients who carry insurance will bill their own insurance. I will provide you with the appropriate billing information, which you will send for reimbursement. I do not bill insurance companies nor do I accept payment from them.
3. Cancellation: Since an appointment reserves time specifically for you, a minimum of 48 hours notice is required for rescheduling or cancelling of an appointment. The full fee will be charged for missed sessions with such notification.
4. Office Hours: Variable. If you need to contact me between sessions, please leave a message and I will return your call as soon as possible.
5. Telephone Contact: After 5 minutes of telephone contact you will be charged your regular fee.
6. Sessions greater than 60 minutes: Sessions that go beyond 50 minutes will be pro-rated to the nearest quarter hour.
7. Emergency Procedure: An emergency is an unexpected event that requires immediate attention and can be a threat to your well being. If an emergency arises, please state this when you leave your message and I will return your call as soon as

possible. If I have not returned your call within 60 minutes and the emergency persists, please call your physician or admit yourself to the hospital for observation and assistance.

8. While it is my obligation to provide confidentiality for every client I see, if you are here as a member of a family or couple and you disclose secret information to me, I will strongly encourage you to share it with everyone involved in treatment.

I have read and understand these office policies.

Date

Client Signature

Date

Therapist Signature

