

Kara Hoppe, MA, MFT

Psychotherapy

INFORMED CONSENT

Welcome to my practice. In the interest of saving us time during your first appointment, I've prepared this document with some important information about my services and our work together. If you have any questions or concerns please feel free to discuss them with me at any time during our work together. Your experience of our work is very important to me, so please don't hesitate to inquire about anything in this document that is not clear.

Confidentially and Exceptions:

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission, except when disclosure is required by law. Legal exceptions to confidentiality are in place to protect your safety of others. This includes: when there is reasonable suspicion of child abuse or elder abuse/neglect; and where a client presents a danger to self or others.

Also, I practice a no-secrets policy in my couple therapy. This means that confidentiality does not apply between the couple. Any information given will not be held in confidence in couples' sessions, unless mutually agreed upon under rare circumstances involving personal safety.

Initial: _____

Appointments and Cancellations:

When you schedule a session, that time is reserved solely for you. For this reason, I require 24 hours notice of cancellation or you will be charged the full fee for the session. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If this occurs, please give me 24 hours notice and I'll do my best to accommodate you and try to reschedule you within the same week.

Initial: _____

Telephone Accessibility and Emergencies:

You may call me at any time and on any day. I check my messages frequently and will make every attempt to get back to you within one working day. The number is 310-590-6125.

In the event of an emergency, you may leave a message on my voicemail and every effort will be made to return your call as soon as possible. If I am unable to return your call, or I am out of town, please call 911 or go to your nearest hospital emergency room.

Initial: _____

Explanation of Dual Relationships:

Your relationship with me or any other therapist must be strictly professional in nature. A therapist is not allowed to invite you into a business venture, ask you for personal favors, have a sexual or social relationship with you, etc. These examples are called, "dual relationships" and are unethical. In the event that I see you outside of the office, I am discreet and will maintain your confidentiality. I typically follow your lead, and thus it is your choice to acknowledge the encounter or not.

Initial: _____

Litigation Limitation:

Due to the sensitive nature of the therapeutic process and the fact that is often involves disclosing matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Initial: _____

Emails and Texting:

Many clients enjoy the convenience and ease of texting and/or emailing as a form of communication with me. This practice is fine as long as you understand that neither is 100% secure in terms of confidentiality and I cannot text back, but will call back if you text requests that. You may text me at 310-590-6125 and/or email me at kara@karahoppe.com.

Initial: _____

Fees/Payments/Insurance:

I do not take insurance and I am happy to provide you with a monthly statement of services that you may submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems dealt with in therapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Also, please note if you do request a statement of services I will have to provide your insurance company with a diagnosis. Please speak to me about your feelings about this as they arise in our work.

My fee is \$150 for a 50 minute session. Longer sessions are prorated at the same fee. I have a limited number of sessions available at a reduced fee. If you cannot afford this fee, and I have the time available, we can negotiate a fee that is affordable for you based on my sliding scale and your needs.

Initial: _____

I look forward to working with you! As always let me know of any questions or concerns.

- I have thoroughly read and fully understand this document.
- I understand that I am financially responsible for all charges incurred.
- I authorized Kara Hoppe, MA, MFT to provide psychotherapy treatment.

Client signature

____/____/____
Date