

Informed Consent

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Welcome!

The fact that you are here means that you have already taken an important first step in active self-care. Already you have shown courage and commitment, qualities necessary to bring about positive change.

I am honored to be part of the growth process-- in partnership with you.

The following information may be helpful as you enter therapy, and is meant to serve as a contract between you and me as we begin a therapeutic relationship together. Please read each section carefully, and initial the line at the end of each paragraph when you have read and understand the section. Please feel free to ask if you have any questions.

Risks and Benefits of Psychotherapy

In most cases, the process of psychotherapy brings about positive changes in clients' lives. In some instances however, the psychotherapeutic process can bring up strong negative emotions and distress. The goal of therapy is to reduce such problems over time. Most people find that the long term benefits of therapy outweigh the short term risks. You maintain the right to seek second opinions at any time, and referrals to other therapists or agencies will be given at your request. Successful therapy requires that you take an active role in your own treatment, working in partnership with your therapist. It is important that you are a willing and active participant in your treatment. If you have any questions about your treatment or about treatment options, please ask.

I have read and understand this section: _____

Confidentiality

Maintaining confidentiality is very important in any therapeutic setting. Every effort will be made to keep your identity and personal information private. Unless you give written consent for their release, all notes and records will be kept in a locked file. Sessions will not be recorded or taped without your written consent. In the case of couples or family therapy, records may only be released if all parties sign a written consent form.

There are a few **exceptions to confidentiality** that you need to be aware of. I may be mandated by law to disclose information about you without your permission in the following situations:

- *A medical or psychiatric emergency arises in which the information is essential to an individual's safety*
- *To warn potential victims of violent acts*
- *To report suspected child/elder/or dependent adult abuse or neglect*
- *A court orders the release of your information*
- *If you make a serious threat to harm yourself, you may be hospitalized against your wishes*
- *If required by client's insurance provider for reimbursement, as described in the Notice of Privacy Practices.*

I have read and understand this section: _____

Notice of Privacy Practices

Yes, I have received a copy of Catherine Zanzi's Privacy Practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA):

Signature: _____ ***Date:*** _____

Confidentiality with Respect to Minors

The information above applies to minors under the age of 18, as well as to adults. Minors have the right to confidential therapy. For parents or legal guardians who share legal custody, both parents must consent to their child's treatment before the second session. Session records will not be released to parents or a guardian without the minor's written consent. A minor must also have written parental consent to participate in a therapy group.

Any information shared by one parent will be shared with the other parent through the therapist, if both parents have legal custody. As the therapist I will not communicate with attorneys for either parent or guardian. Records will only be released by court order, or by consent of both the minor and the parents.

I have read and understand this section: _____

Fees

The fee is due at the beginning of the session. Payments can be made with cash or check, with checks made out to Catherine Zanzi. For continuity it is advisable to schedule regular sessions. Most people choose to schedule appointments every one or two weeks.

I have read and understand this section: _____

Missed or Rescheduled Appointments

Most sessions are 50 minutes and are scheduled on the hour. Exceptions can be made if agreed upon in advance.

If you need to cancel or reschedule, please call at least 24 hours ahead of your scheduled appointment. *Please note: no shows, or cancellations within 24 hours of the scheduled appointment will be charged full fee.*

I have read and understand this section: _____

How to Reach Me

You may leave a voicemail or text message on my confidential phone line: **916-214-1479**. I make every attempt to return calls within 24 hours. You are also welcome to email me: czanzi@frontiernet.net.

If you think you have a medical or psychiatric emergency, please dial 911 for assistance, or call the Sacramento County Mental Health 24-hour Crisis Hotline at 916-732-3637.

I have read and understand this section: _____

Acknowledgement

By signing below, you are acknowledging that you have read and understand this document and that you voluntarily agree to participate in therapy.

Client signature *Date*

**If the above signature is a minor under the age of 18, please sign below to give consent for treatment:*

Parent/Legal Guardian signature/ relationship to child / Date

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