# Dr. Lindsey Beaven, PhD, MFT (Lic. #MFC 46826)

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## AGREEMENT FOR SERVICES/ INFORMED CONSENT

## Introduction

• This document is intended to provide important information regarding our work together. Please read the entire document carefully and be sure to ask any questions you may have.

• I am a Licensed Marriage and Family Therapist (Lic. # 46826), doing business at 15 Austin Ave., San Anselmo, CA 94960.

• My mailing address is: P.O. Box 9534, San Rafael, CA 94912

## About the Process

• We are partners in the process of personal exploration and discovery.

• Questions about services are encouraged and you have the right to agree or disagree with my recommendations.

• A natural part of the work is the possibility of experiencing less than comfortable feelings and making important personal decisions, which can present new opportunities and also unique challenges. A positive decision for one family member may be viewed as negative by another.

• Due to each person's individual needs, it is not possible to predict the length or outcome of our work together.

## Confidentiality

• Except for a few exceptions outlined below, all communications between us will be held in strict confidence unless you provide written permission to authorize a release of information to third parties.

• If you participate in couples or family work, I will not disclose confidential information to third parties about your treatment unless all those who participated in the treatment with you provide their written authorization to release such information.

• "No Secrets policy:" If you participate in family, and/or couples therapy, I may reveal information shared with me privately, to others participating in therapy.

## **Exceptions to confidentiality**

• I am mandated by law to report instances of suspected child or elder abuse.

• I may be required or permitted to break confidentiality if I determine that a person presents a serious danger of physical violence to another person or when s/he is dangerous to him/herself.

• The Patriot Act of 2001 requires me (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items, and it prohibits me from disclosing to the patient that the FBI sought or obtained the items under the Act.

#### Fees

• The 50-minute session fee is \$120 for an individual and \$140 for a couples or family session.

• It is payable at the start of each session or may be billed by arrangement.

• Payment may be made by cash, check or credit card. Checks should be made out to Lindsey Beaven, MFT. To avoid using therapy time for check writing, please consider preparing your payment in advance of the session.

• Checks that do not clear are subject to a \$25 charge.

• Fees are periodically reviewed, and patients given reasonable notice prior to any increase. Please discuss any financial concerns or hardships with me as soon as possible.

• If you become unable to continue paying for my services, please inform me so that I can help you consider options that may be available.

• It is your responsibility to bill your insurance company and I can provide you with a periodic "superbill" for this purpose. However, you, not your insurance company, are responsible for payment of fees.

• Missed or cancelled appointments, without 24 hours notice, are billed at the hourly rate unless they can be re-scheduled within the same week.

• Communication with you outside your appointment time is billed on a prorated basis if it exceeds 10 minutes per week.

• Communication with third parties on your behalf (doctors, psychiatrists, clinics, family members, advisors, etc.) is billed on a prorated basis.

## **Appointment Scheduling & Cancellation**

• Sessions usually are scheduled as one 50-minute "appointment hour" per week. This can be more or less frequent as your needs dictate and as we agree.

• Sessions typically are scheduled one or more times per week, on the same day, and at the same time.

• When you make an appointment, that time is reserved for you.

• Missed or cancelled appointments, without 24 hours notice, are billed at the hourly rate, unless they can be re-scheduled in the same week.

#### Availability/Emergencies

• Telephone consultations between office visits are welcome. However, these usually will be kept brief because important issues are better addressed within regularly scheduled sessions.

• You may leave a message for me at any time on my confidential voicemail **415-902-1304.** I aim to return calls within 24 hours.

• If you know that you will be late for a session, please call or text and leave a message. In the absence of notice, I will wait for you at the office for 15 minutes, after which time I may not be available. If you do not arrive on time, your appointment will end at the scheduled time.

• Whenever possible, I will provide advance notice of any absence on my part and leave contact information on my voicemail regarding my designated contact for coverage during my absence.

• In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or call **Emergency Psychiatric Services at 415-499-6666.** 

• The following Marin County resources are available to assist individuals who are in crisis:

Suicide Hotline: 415-499-1100 Crisis Line: 415-499-6829 Domestic Violence Line: 415-924-6616 Alcoholics Anonymous: 415-499-0400 www.drlindseybeavenmft.com/crisis-hotlineslinks.html

### Communications

I may need to communicate with you by telephone, mail, or other means. Please check only those preferences you agree to below and be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means. Please note that if you agree to communicate electronically, your privacy rights cannot be guaranteed. I/we agree that you may reach me/us through:

 My home phone #:	( )	
 My work phone # (	)	
 My cell phone # (	)	
 Texting OK?	Yes	No
 _My email address:_		
 _My mailing address		

#### Termination

• The length and ending of our work together is based on your individual needs. It is a good idea to plan an ending date in collaboration with me.

• You or I may discontinue our work together at any time. If you or I determine that you are not benefiting, either of us may elect to initiate a discussion about alternatives, which may include, among other possibilities, referral, a change of approach, or termination.

#### Acknowledgment of Agreement

Your signature/s indicates that you have read this agreement carefully and understand its contents.

Please address any questions or concerns that you have with me about this information before signing.

1.	
Signature of service recipient	Date
Name printed:	
2	
Signature of service recipient	Date
Name printed:	
Signature of service provider	Date

Name printed: LINDSEY BEAVEN, PhD, MFT