

Tori Palliccia, Tori Palliccia, Marriage and Family Therapist Prof Corp.
23501 Park Sorrento #214, Calabasas Ca 91302
(MFC 47454- California and T2331-Oregon)

Informed Consent for Psychotherapy

General Information: The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process: You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand yourself and identify what patterns are repeating, as well as to help you clarify what it is that you want for yourself.

Confidentiality: The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. If you are using insurance to pay for your treatment, your insurance company has the right to request your records.

Occasionally I may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name.

**Tori Palliccia, Tori Palliccia, Marriage and Family Therapist Prof Corp.
23501 Park Sorrento #214,. Calabasas Ca 91302
(MFC 47454- California and T2331-Oregon)**

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly. Additionally, I am unable to be social media friends with you and will not accept any friend requests.

The session fee is \$175 for a 50-minute session and is due at the time of the appointment.

If you are using your insurance, the copay will be due at the time of treatment, and your insurance will be billed for that time. If for any reason insurance refuses to cover the cost of treatment, **you will be responsible for the standard rate**. In addition, if you cancel your appointment within less than 24 hours or no show to your appointment, you will be responsible for the cancellation/no show fee which is the same as my standard rate per hour.