



Ashwini Gupta MFT Lic#41690
1101 S Winchester Blvd # M254, San Jose, CA 95128
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(408) 307 9024; aguptamft@gmail.com

Informed Consent for Psychotherapy or Psychotherapeutic Consultation (Individual, Couple, Group, and Family). My name is Ashwini Gupta and I am a Licensed Marriage and Family Therapist. Please complete this consent form and sign it. This information, like all information that you share with me, is private and confidential.

The CAMFT standards suggest that you be informed of all possible contingencies that might arise in the course of short and long term therapy. Please check to be sure you have read, understood, and discussed all questions with me. An informed consent has the force of contract, so we cannot proceed until we reach an agreement on all items.

The cost of therapy appointments is \$135/session if you are paying for it privately. If you are going through insurance as to cover your services with me- you are responsible for any applied deductibles and copays associated with your coverage.

When you arrive at the waiting room please take a seat on the couch, I will come out to receive you at the time of our session.

Payment is expected at the time of service. Please discuss what you need for insurance reimbursement with me (superbill when applicable).

Note on Cancellations:

Due to the long-term nature of my practice, I must hold you responsible for all regularly scheduled consultation sessions whether or not you are able to attend. Should it be necessary for you to cancel an appointment, **I must have 48 hour notice in order to waive the fee. Missed appointments (48 hours or less notice) for which I am not notified will be subject to the full fee (private/contracted fare with insurance) to be paid by the client (not insurance) except for unavoidable circumstances.**

Note on Insurance Reimbursement through a Super-Bill -Insurance payments will be sent directly to you.

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

- 1.If there is suspected child abuse, elder abuse, or dependent adult abuse.
- 2.A situation in which serious threat to a reasonably well-identified victim is communicated to the therapist.
- 3.When threat to injure or kill oneself is communicated to the therapist.
- 4.If you are required to sign a release of confidential information by your medical insurance.
- 5.If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies.

Think carefully and consult with an attorney before you sign away your rights.

We can discuss some foreseeable possibilities together.

6.Clients being seen in couple, family, and group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. Secrets cannot be kept by the therapist from others involved in your treatment.

7.I may at times speak with professional colleagues about our work without asking permission, but your identity will be disguised.

8.Clients under 18 do not have full confidentiality from their parents.

It is also important to be aware of other potential limits to confidentiality that include the following:

- a) All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances. Most records are stored in locked files but some are stored in secured electronic devices.
- b) Cell phones, portable phones, faxes, and emails are used on some occasions.
- c) All electronic communication compromises your confidentiality.

Availability:

The therapist is available for regularly scheduled appointment times. Dates of vacations and other exceptions will be given out in advance if possible. Telephone appointment times can be made by calling the office number during regular office hours as well as after office hours as this is a confidential VM number **(408) 307-9024**. You can text to this number as well and I will do my best to respond within 4-5 hours.

Termination of Treatment:

The therapist may terminate treatment if payment is not timely, if prescriptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some problem emerges that is not within the scope of competence of the therapist. The usual minimal termination for an ongoing treatment process is four to ten sessions but a satisfying termination to long-term work may take a number of months. Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need of psychiatric consultation during periods of extreme depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times. Patients have the right to refuse or to discontinue services at any time and complaints can be addressed to the Board of Behavioral Sciences

What Is Psychotherapy?

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems.

Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health. Specific psychotherapeutic strategies may be employed to alleviate specific problems causing distress such as depression, anxiety or relationship problems. Self-knowledge is seen as an important key to changing attitudes and behavior. Psychotherapy may involve the development of insight as to how our physical health may be compromised in many ways by emotional and relationship issues. Therapy is designed to help clients of all ages understand how their feelings and thoughts affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others.

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Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because elements of one's history of important affections and hostilities toward parents and siblings or significant others are often shifted onto the therapist and the process of therapy. Psychotherapy can be relatively short-term (8-16 weeks) when the focus is limited to resolve specific symptoms or problem areas, or longer term if the treatment focus targets more pervasive or long-standing difficulties. When the client feels she or he has accomplished the desired goals, then a termination date can be set. Psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities.

Agreement for Psychotherapy Consultation

I have read this informed consent completely and have raised any questions I might have about it with my therapist. I have received full and satisfactory response and agree to the provisions freely and without reservations. I understand that my therapist is responsible for maintaining all professional standards set forth in the ethical principles of his/her professional association as well as the laws of the state of California governing the practice of psychotherapy and that he/she is liable for infractions of those standards.

I understand that I will be fully responsible for any and all legal and/or collection costs arising as a result of my contact with my therapist, including appropriate compensation for his time involved in preparing for and doing court work. I understand that my therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment I am giving consent to this process of professional contribution and the right to use disguised material without financial remuneration.

Arbitration Agreement

I agree to address any grievances I may have directly with my therapist immediately. If we cannot settle the matter between us, then a jointly agreed-upon outside consultation will be sought. If not, an arbitration process will be initiated, which will be considered as a complete resolution and legally binding decision under state law.

This agreement constitutes the entirety of our professional contract. Any changes must be signed by both parties. I have a right to keep a copy of this contract.

Client Name:

Client Signature:

Date:

Therapist
Signature:

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Date:

Legal Parent or Guardian Signature _____ Date

Person you give permission to Ashwini Gupta MFT to communicate with in the event of an emergency such as danger to self, danger to others or severe psychological distress:

Contact Name: _____ Relationship to you: _____