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INFORMED CONSENT & DISCLOSURE STATEMENT

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Therapist Background and Qualifications

I have been practicing as a licensed marriage and family therapist (LMFT) for one year, and practicing as a licensed marriage and family therapist intern (IMFT) for an additional eight years. During this time, I have been working mostly with the transgender and gender-questioning populations.

I am also a certified Advanced HIV Counselor. This certification was issued by the California Department of Public Health, State Office of AIDS in 1999.

My theoretical orientation of choice is called Internal Family Systems and can best be described as attempting to unite all the different "parts" that are running amuck inside of all of us. I also use Client-Centered therapy, which believes that everyone has the answers they seek within themselves and that with proper attention, encouragement, and respect the solutions we seek will become evident. Brief Solutions-Focused therapy is the third modality that I use, which quickly tries to seek answers to specific problems without as much exploration into general life experiences and ways of being.

Risks and Benefits of Therapy

Psychotherapy is a process in which you and I discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that you can experience your life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between you and I. Progress and

success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. The issues you present may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should address any concerns you have regarding your progress in therapy with me.

Unfortunately, due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Confidentiality

All communications between you and I will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. (In addition, I will not disclose information communicated privately to me by one family member, to any other family member without written permission.)

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, disabled adult, or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act. Lastly, a 2015 California law requires that a therapist report anyone “who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges, a film, photograph, video.... in which a child is engaged in an act of obscene sexual conduct.”

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, I may, in the exercise of my professional judgment, discuss the treatment progress of patients under the age of eighteen with their

parent(s) or caretaker(s). Patients who are minors, and their parents, are urged to discuss any questions or concerns that they have on this topic with me.

Ethical Standards

Marriage and family therapists follow a strict code of ethical standards to ensure that the therapist-patient relationship is treated responsibly, with confidentiality, and handled with competence and integrity. These standards require that marriage and family therapists:

- respect the right of patients to make decisions and help them to understand the consequences of those decisions. Marriage and family therapists provide adequate information to patients so that patients can make meaningful decisions about their therapy
- inform patients of the potential risks and benefits of service consistent with sound clinical practice
- inform patients of the extent of their availability for emergencies and for other contacts between sessions
- advise their patient(s) that decisions on the status of their personal relationships are the responsibilities of the patient(s)
- disclose treatment alternatives to patients, whether or not there is coverage for such treatment under the terms of a managed care plan, insurance policy, or other health care plan
- are encouraged to inform patients as to the limits of confidentiality
- are encouraged to inform patients at an appropriate time and within the context of the psychotherapeutic relationship of their experience, education, specialties, theoretical and professional orientation and any other information deemed appropriate by the therapist
- inform patients of fee and fee arrangements prior to the provision of therapy
- obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation
- inform patients of the potential risks and benefits when therapy occurs by electronic means, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies

Fee and Fee Arrangements

The usual and customary fee for service for individuals, couples, and children/adolescents is \$120 per 50-minute session. Sessions longer than 50-minutes are charged for the additional time pro rata. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payers, or by agreement with me.

The agreed upon fee for your sessions is _____. I reserve the right to periodically adjust this fee. You will be notified of any fee adjustment in advance.

From time-to-time, I may engage in telephone contact with you for purposes other than scheduling sessions. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, I may engage in telephone contact with third parties at your request and with your advance written authorization. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

You are expected to pay for services at the time services are rendered. I accept cash, checks, and major credit cards, including Visa and MasterCard.

Insurance

I am not currently a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance, I will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid. This SuperBill will be provided at our following scheduled meeting upon request. You are responsible for verifying and understanding the limits of your coverage, as well as your co-payments and deductibles

Cancellation Policy

You are responsible for payment of the agreed upon fee for any missed session(s). You are also responsible for payment of the agreed upon fee for any session(s) for which you failed to give me at least 24 hours' notice of cancellation. Any cancellation notices should be left on my voicemail at (714) 696-8253.

Therapist Availability

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions.

My office is equipped with a confidential voicemail system that allows you to leave a message at any time. I will make every effort to return calls within 24 hours (or by the next business day as I am unable to return calls on Saturdays, Sundays, or major holidays), but cannot guarantee the calls will be returned immediately. I am generally not able to return calls after 9:00pm. I am also unable to provide 24-hour crisis service, however If you have an urgent need to speak with me please indicate that fact in your message In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

(name of patient)

(signature of patient)

(date)