

Kristine Chadsey, LCSW #25744  
Licensed Clinical Social Worker  
3180 University Ave., Suite 370  
San Diego, CA 92104

## **Client Service Contract and Informed Consent**

The following contains important information about my professional services and business policies. You will be expected to sign this document, and when you do, it will represent an agreement between us. If you have any questions, please discuss with me.

**Psychotherapy Services.** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. I will choose from a variety of interventions of methods to help solve the particular problems you hope to address. Psychotherapy has been shown to offer benefits to many people. Therapy typically leads to better relationships, solutions to specific problems, confidence and significant reductions in feelings of distress.

**Cancelled/Missed Sessions.** If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full fee is charged for missed appointments or no-show cancellations with less than 24-hour notice, unless due to illness or emergency. You will be automatically billed for missed sessions on your credit card on file. Thank you for your consideration regarding this important matter.

**Professional Fees.** My fee is \$125 per session for 50 minutes. You will be expected to pay at the beginning of each session.

Payment for other professional services may be agreed to when they are requested, such as a letter indicating verification of treatment or attendance. Fees are flat rate of \$125 per hour.

**Confidentiality.** In general, the privacy of all communications between a client and a therapist are confidential and protected by law. I can only release information about our work to others with your written permission, except in the following situations:

1. Insurance companies require a clinical diagnosis that will become part of their record.
2. My records can be subpoenaed by court of law and I can be required to testify.
3. In situations, I am legally obligated to take action to protect others from harm, even if I have to reveal information about a client's treatment. For example, if I believe a child, elderly, or disabled person is being abused or neglected, I must file a report with the appropriate state agency.

4. If I believe that a client is threatening serious bodily harm to self or to one another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the authorities, or seeking hospitalization for the client. If clients threaten to harm themselves, I may be obligated to initiate hospitalization to contact family members or others to provide protection.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers (or marriage and family therapists) You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

I may consult other professionals about a client. During a consultation, I do not reveal the identity of a client. The consultant is also legally bound to keep information confidential.

Due to risks to confidentiality, it is recommended that the use of electronic communication such as emailing or texting is to be used strictly for administrative purposes confirming or scheduling appointment times. Anything of a clinical nature, please discuss during session.

If you are experiencing a crisis outside of session, please contact 911, the Access and Crisis Line 1-888-724-7240, or go to your nearest emergency room.

If you have any questions or concerns about the information reviewed above, please discuss them with me immediately.

By signing my name and date below, I acknowledge that I have read, understood, and agree to abide by this agreement during our professional relationship, and I also consent to mental health and therapeutic treatment with Kristine Chadsey, LCSW.

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_