Retha Millikan, MS.
Licensed Marriage and Family Therapist 49184
3300 Douglas Blvd., Bldg 100, Suite 240
Roseville, Ca. 95661
Phone:916-202-6506, FAX:

AGREEMENT FOR SERVICE / INFORMED CONSENT

Introduction

This Agreement is intended to provide you,_____ , with important information regarding the practices, polices and procedures of Retha Millikan, and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this agreement should be discussed with Therapist prior to signing it.

Therapist Background and Qualifications

Retha has been practicing as a licensed marriage and family therapist (LMFT) for two years, working with a wide variety of clients including couples, individuals, and children. Prior to this, she worked for ten years as a certified pastoral counselor, and then as a Marriage Family Therapy Intern.
This certification was issued by Emerge Ministries of Canton, Ohio in 2002.

Retha's theoretical orientation can be described Cognitive Behavioral, which means that she believes it is useful to identify the unhelpful thoughts we think, change them, and hopefully improve one's quality of life.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Client/Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. 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 Patient, 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 the part of Patient, 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 Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient.

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. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice.
As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patient.

Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, she/he is required to maintain. Such records are the sole property of your therapist. Should you request a copy of the records, such a request must be made in writing. Your therapist reserves the right, under California law, to provide you with a treatment summary in lieu of actual records. He/She also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Your therapist will maintain your records for ten years following termination of therapy. However, after ten years, they will be destroyed in a manner that preserves Patient's confidentiality.

Confidentiality

The information disclosed by you is generally confidential and will not be released to any third party without your written authorization, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

Patient Litigation

Your therapist will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. She/he has a policy of not communicating with a client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. Your therapist will generally not provide records or testimony unless compelled to do so. Should she/he be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, the client agrees to reimburse therapist for any time spent for preparation, travel, or other time in which he/she has made him/herself available for such an appearance at your therapist's usual and customary hourly rate.

Psychotherapist-Patient Privilege

The information disclosed by client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If your therapist received a subpoena for records, deposition testimony, or testimony in a court of law, he/she would assert the psychotherapist-patient privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. A client should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Fee and Fee Arrangements
The usual and customary fee for service, is $115, per 50-minute session. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance.
The agreed upon fee between Therapist and Patient is _____. Patient will be notified of any fee adjustment in advance.

From time-to-time, your therapist 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.

Patients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards, including Visa and Mastercard.

Insurance
Therapist is not a contracted provider with any insurance company, managed care organization. Should Patient choose to use his/her insurance, Therapist will provide Patient with a statement, which Patient can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

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 have failed to give your therapist at least 24 hours notice of cancellation. Cancellation notice should be left on my voice mail at 916-202-6506.

Therapist Availability
Your therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Your therapist unable to provide 24-hour crisis service. In the event that a client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Termination of Therapy
Your therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, when patient needs are outside of your therapist's scope of competence or practice, or a client is not making adequate progress in therapy. You, the client, also have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Your therapist will also attempt to ensure a smooth transition to another therapist by offering referrals.

Acknowledgement
By signing below, client acknowledges that he/she has reviewed and fully understands the terms and conditions of this agreement. You as client, have discussed such terms and conditions with your therapist, and has had any questions with regard to its terms and conditions answered to your satisfaction. You as client, agree to abide by the terms and conditions of this agreement and consents to participate in psychotherapy with the therapist. Moreover, you agree to hold your therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that

may result from such treatment.

Indemnification Notice

The Therapists working within the offices of Cornerstone Psychological Center are separate business entities who are engaged in an office sharing arrangement. No partnership, joint venture or any other business association should be implied between the name, "Cornerstone Psychological Center" and any of the therapists sharing these premises._____
Client/Patient Name (please print)

_____ _____
Signature of Client/Patient (or authorized representative) Date

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I understand that I am financially responsible to Therapist for all charges.

_____
Name of Responsible Party (Please print)

_____
Signature of Responsible Party Date