

Client Consent Form

Lorelei Bonet, LCSW (BBS#29590)
323.332.0949
LoreleiBonet.com

IMPORTANT INFORMATION AND CLIENT CONSENT:

Please read and sign at the end stating that you have fully read and understand the information below.

CLIENT/THERAPIST RELATIONSHIP: You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

AVAILABLE SERVICES: Lorelei Bonet, LCSW offers a counseling services for individuals. This practice is staffed by a skilled, experienced Licensed Clinical Social Worker. Effective psychotherapy/counseling is founded on mutual understanding and good rapport between client and therapist. Ms. Bonet will convey the policies and procedures used in her practice and she will be pleased to discuss any questions or concerns that you may have as they arise. She is invested in a productive, collaborative relationship, and is open to the conversation of how to make these sessions as useful and supportive as possible.

RISKS AND BENEFITS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process. However, some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. Ms. Bonet cannot guarantee these benefits, of course. Though it is her intent to work with you to attain your personal goals for counseling and/or psychotherapy.

COUNSELING: Ms. Bonet provides counseling designed to address many of the issues typical clients deal with. Your first visit will be an assessment session in which you and your therapist will determine your concerns, and if you both agree that Lorelei Bonet, LCSW can meet your therapeutic needs, develop a plan of treatment. Should you choose not to follow the plan of treatment provided to you by your therapist services to you may be terminated.

The goal is to provide the most effective therapeutic experience available to you. If at any time you feel that you and Ms. Bonet are not a good fit, please discuss this matter with her to determine if transferring to a more suitable therapist is right for you. If you (or your therapist) decide that other services would be more appropriate, Ms. Bonet will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental and spiritual self, each person has the opportunity to create and preserve a whole and contented life. Ms. Bonet's services are designed to provide clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

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APPOINTMENTS: Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your therapist. If you must cancel or reschedule your appointment please call the office at: **323.332.0949** OR email to Lorelei@LoreleiBonet.com **AT LEAST 24 HOURS IN ADVANCE.** This will free your appointment time for another client. **IMPORTANT: If you fail to cancel 24 HOURS IN ADVANCE, you will be billed for a full session fee. You will not be charged at all if you cancel 24 hours (or more) in advance.**

PAYMENT: Payment of fees is expected at the time of each appointment. Payment may be made before or at the end of your session. Sessions with Lorelei Bonet, LCSW are private pay, and the rate is \$150.00 per session, not to exceed 55 minutes. If you have a financial crisis while under the care of Ms. Bonet, (e.g. unemployment, hospitalization, etc.) anything that may affect your ability to pay, Ms. Bonet is willing to negotiate a fee that is reasonable for you to either begin treatment or continue your treatment with her. This arrangement may be temporary and we will re-evaluate it as your circumstances change. It is important that you be willing to share with Ms. Bonet those circumstances and be willing for her to re-evaluate the fee as your financial circumstances improve. In the case that a fee cannot be negotiated, Ms. Bonet will assist in transitioning you to another clinician in the community.

EMERGENCIES: You may encounter a personal emergency which will require prompt attention. In this event, please contact the office regarding the nature and urgency of the circumstances. Every attempt to schedule you as soon as possible or to offer other options will be made. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, all efforts will be made to respond to your emergency in a timely manner. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest Hospital Emergency Room for help. When Ms. Bonet is out of town, you will be advised, and a care plan will be decided upon with your input and implemented during that time.

CONFIDENTIALITY: Lorelei Bonet, LCSW follows all ethical standards prescribed by State and Federal Law. Ms. Bonet is required by practice guidelines and standards of care to keep records of your counseling/psychotherapy. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Information shared during sessions is considered to be "privileged information" and will be held in confidence by your therapist, in this case, Lorelei Bonet, LCSW. Ms. Bonet cannot release any information to others about you unless you provide explicit permission to do so. If you request that any information be released at any time, you will be informed by Ms. Bonet whether she believes that this release may prove harmful to you.

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Please be aware, however, that there are certain situations in which licensed professionals are required by law to reveal information without your permission. These are listed below:

1. Serious threats to harm yourself (i.e. suicidal)
2. Serious threats to harm another person or their property (i.e. homicidal)
3. Child, elder, or dependent adult abuse. This includes perpetrators who have abused people in the past and still have access to the victim or type of victims (e.g. children) at the present time. It includes financial exploitation, neglect, and abuse.
4. Court ordered requests for information about you.

If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned therapist to share confidential information with all persons mandated by law and you are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

DUTY TO WARN/DUTY TO PROTECT: If my therapist believes that I am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my therapist to contact any medical or law enforcement personnel deemed appropriate.

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

COMMUNICATIONS: By signing below I understand that my therapist cannot guarantee my confidentiality when communicating with me via any electronic medium: e.g., email, voice mail, fax, text, etc. However, in checking the boxes below I am indicating that my therapist may use the identified means to reach me regarding: information about my appointment time, conduct a wellness call, send any pre-determined documentation or resource information, confirm appointments, request renewals of consents and similar communications.

Please select approved means of communication:

Email Texts Voice Mails Faxes

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CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for me, and I understand that I may stop such treatment or services at any time.

Signature – CLIENT

DATE

Lorelei Bonet, LCSW – THERAPIST

DATE