

**ROBERTA RINALDI, LCSW
LC10239
10636 WILSHIRE BOULEVARD
UNIT 103
LOS ANGELES, CALIFORNIA 90024
310-948-1816
RRIN431633@PROTONMAIL.COM**

Consent for Treatment

Welcome. This client information form will answer most of your questions about therapy. Please feel free to ask me for clarification or additional information when we meet.

Therapy is the process of solving psychological problems by talking with a person professionally trained to help people achieve a more fulfilling individual life and better relationships. The process of change will, in many ways, be unique to your situation. It begins by first clearly defining the problem, and discussing the thoughts and feelings it evokes, understanding the origin of the difficulties and developing new skills and healthy attitudes about yourself, your circumstances and others.

Clients have the right to ask the therapist questions about his/her qualifications, background and orientation. The most important factor in the success of therapy is good rapport between therapist and client.

In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy or working with a particular therapist. If at any time during the therapy you have questions about whether the treatment is effective, feelings about something I have said or suggested or need clarification of our goals, do bring this up in our sessions.

Confidentiality:

By law and professional ethics, your sessions are strictly confidential, except in the special circumstances listed below.

I am legally required to break your confidentiality under the following circumstances:

- If I am ordered by the court to testify or release records.
- If you are a victim or perpetrator of child abuse, I am required by law to report this to the authorities responsible for investigating child abuse.

- If you are a victim or perpetrator of elder or dependent adult abuse, I am required by law to report this to Adult Protective Services or other appropriate authorities.
- If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threatened harm.

Fees:

My fee is \$200.00 per 50- minute psychotherapy session and \$100.00 per half-hour somatic regulation session. If you need a receipt for your payments, please let me know.

Cancellations:

I have a standard 24-hour cancellation policy and charge for sessions cancelled less than 24 hours in advance. Frequent cancellations may result in losing your regular appointment time and having to schedule our meetings based on my availability each week. If you have the type of schedule that makes consistent weekly appointments difficult, we may be able to work out a schedule that meets both of our needs. I rarely have to cancel a session. If this occurs, I will notify you promptly, so that we can reschedule as soon as possible.

After Hours Emergencies:

Leave a message on my cell phone (310-948-1816) and I will get back to you by the next business day. However, if you are experiencing a life-threatening psychiatric emergency, call 911, or go to the nearest hospital emergency room; do not wait for my return phone call.

Vacations:

I will give you advance notice before I go on vacation. If I am going to be out of town or unavailable, a colleague will be on call for emergencies, or I will be available by cell phone. The name and phone number of my on-call colleague will be on my outgoing voice mail. If we determine you would benefit from continued treatment during my absence, I will help you arrange sessions with another therapist.

Ending treatment:

Of course, you have the right to stop or take a break from treatment at any time. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in person, so that we can bring sufficient closure to our relationship and to our work. We can also discuss any referrals you may like.

Licensed clinical social workers are ethically required to continue therapy only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer help you with your problems, I will discuss this with you and make an appropriate referral.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, let me know. I/we have read, understand and agree to the information and policies described in this patient information form.

Client's Signature

Date