

ERIKA DEMERS, M.A.
Licensed Marriage Family Therapist #44463
1433 11th St. Unit F, Arcata CA 95521 (707) 496-4629

Welcome to my practice! In order to provide a secure framework for our work together, I have summarized the following important information and office policies.

All information we discuss during therapy will be kept strictly confidential and **will not be revealed** to any other person or agency **without your written consent**. There are however, certain situations in which, as a psychotherapist, I am required **by law** to reveal information obtained during therapy to other persons or agencies – **without your consent**. These situations are as follows: a) If there is reasonable cause to believe that you are in clear and immediate danger to yourself or others, I am required by law to inform the intended victim and appropriate law enforcement agencies; b) If there is reasonable suspicion that a child (under the age of 18), elder, or dependent adult has been the victim of abuse (physical, sexual, neglect) I am required by law to report it immediately; c) If a court of law serves me with a subpoena, I am required by law to provide the information specifically described in the subpoena.

Both law and the standards of my profession require that I keep appropriate treatment records. Disclosure of confidential information may be required by your health insurance carrier in order to certify treatment or process the claims. Many third party payers require considerable personal information, including, but not limited to: current life situation, current and past functioning, personal and family history, past and present alcohol/drug abuse, previous treatment and diagnosis of a mental disorder. You must be aware that both the pre-certification process and the submittal of a mental health invoice for reimbursement carries a degree of risk to confidentiality, privacy and the future capacity to obtain health or life insurance. Mental health information is entered into databases maintained by major insurance carriers, and may soon also be reported to a congressionally approved, National Medical Data Bank. Since computers are inherently vulnerable to break-in and unauthorized access, and since there have been reports of medical data being sold, stolen or accessed by enforcement agencies, you need to evaluate these risks to the confidentiality of your information. Clients who chose to use such third-party payers agree to hold me harmless for any and all such disclosures and consequences of such disclosures.

As a treating psychotherapist, I do *not* provide services in contemplation of legal proceedings. However, if I do respond to any subpoena on your behalf, my prorated regular fee will be charged for any time involved. You must be aware that if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and to compel my testimony. If I am called by the defendant to testify, the defendant may examine not just the issues that appear to be relevant to the lawsuit, but your ENTIRE mental health history (including any childhood and family issues discussed in therapy). Therefore, it is a conflict of interest for me to be your treating therapist and your legal advocate in judicial proceedings because I may be required to divulge confidential information.

Professional consultation is an important component of a healthy psychotherapy practice. I consult regularly with other professionals regarding my clients. The client's identity remains completely anonymous, names or any other identifying information are never mentioned, and confidentiality is fully maintained.

Psychotherapy never involves any dual relationships that might impair the therapist's objectivity, clinical judgement and therapeutic effectiveness, or could be exploitative in nature. I reserve the right to terminate therapy at my discretion. If termination occurs, I will make every effort to ensure a smooth transition to another therapist by offering referrals.

Humboldt County has a relatively small, concentrated population, and many clients know each other, or me from the community. I will never acknowledge working with anyone without his/her written permission. It is your choice whether or not to acknowledge me in the community and I will respond accordingly. If you choose to ignore me in public, that will not affect our therapy relationship. If our lives inadvertently overlap, we can discuss any discomfort or interference with the effectiveness of our therapy, and I will also respond accordingly.

I check my phone messages Monday through Friday, and make every effort to promptly return calls usually within 1-2 business days. **Please be aware that you may not be able to reach me after hours or on weekends.** If you need to talk with someone right away, you can call (707) 445-7715 the Humboldt County 24-hour crisis line or the Police (911). I will notify you of any planned vacations in advance, and a colleague will be available to see you if need be.

Psychotherapy is a joint effort between the therapist and the client. Progress and success may vary depending on the issues being addressed, a client's honesty and willingness to make changes and many other factors. Sometimes, during the therapeutic process, clients may feel worse before they start to feel better. Please communicate concerns around lack of progress, technique, or benefit with me if this comes up for you. Psychotherapy is a process and the length of treatment is variable. Our first few sessions provide us with a time to get acquainted, and make decisions about working together. If for any reason you decide to go elsewhere, I will try to provide you with appropriate referrals. It is my intention to support you in reaching your goals. *There is no guarantee that therapy will be successful and is also contingent on how progress is measured.*

I/We understand the above, and consent to treatment in accordance with these terms. I/WE hold Erika Demers, LMFT free from any claims, demands or suits for damages from any injury or complications whatsoever, save negligence that may result from such treatment.

Please print name(s)

Signature of client(s)

Date

Signature of Parent or Legal Guardian

Date