

**Amy E. Sargent, M.A., MFT (MFC 47022)**  
1690 Woodside Road, Suite 205, Redwood City, CA 94061  
Telephone: (650) 815-9910 Fax: (877) 350-2445

*This form provides you (patient) with information that is additional to that detailed in the Notice of Privacy Practices, and it is subject to HIPAA pre-emptive analysis. (Revised 1/22)*

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property or is gravely disabled or when client's family members communicate to Ms. Sargent that the client presents a danger to others.

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding by or against you. 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/or testimony by Ms. Sargent. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Ms. Sargent will use her clinical judgment when revealing such information. Ms. Sargent will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where Ms. Sargent becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose she may also contact the person whose name you have provided on the biographical sheet.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Ms. Sargent, only the minimum necessary information will be communicated to the carrier. Ms. Sargent has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break ins and unauthorized access. Medical data has also been reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on Ms. Sargent to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**Consultation:** Ms. Sargent consults regularly with other professionals regarding her clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

**Confidentiality of e-mail, cell phone, and fax communication:** It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, Ms. Sargent's e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Ms. Sargent's computers are equipped with a firewall, a virus protection and a password. Please notify Ms.

Sargent if you decide to avoid or limit, in any way, the use of any or all communication devices, such as e-mail, cell phone or fax. Please do not use e-mail or faxes for emergencies.

**Records and Your Right to Review Them:** Both the law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Ms. Sargent assesses that releasing such information might be harmful in any way. In such a case Ms. Sargent will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, Ms. Sargent will release information to any agency/person you specify unless Ms. Sargent assesses that releasing such information might be harmful in any way.

**Telephone & Emergency Procedures:** If you need to contact Ms. Sargent between sessions, please leave a message on her office phone (650) 815-9910 and your call will be returned as soon as possible. Ms. Sargent checks her messages a few times during the daytime only, unless she is out of town. If an emergency situation arises, and if you need to talk to someone right away, call Psychiatric Emergency Services. San Mateo: (650) 573-2662; Crisis Intervention/Suicide Prevention: (650) 368-6655; or the Police: 911. Please do not use e-mail or faxes for emergencies. Ms. Sargent does not always check her e-mail or faxes daily.

**Payments & Insurance Reimbursement:** Clients are expected to pay the standard fee of \$200 per 45 minute session at the end of each session or at the end of the month, unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Ms. Sargent if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. Unless agreed upon differently, Ms. Sargent will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Ms. Sargent can use legal or other means (courts, collection agencies, etc.) to obtain payment.

**Mediation & Arbitration:** All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Ms. Sargent and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in San Mateo County, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan Ms. Sargent can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration the arbitrator will determine that sum.

**The Process of Therapy/Evaluation and Scope of Practice:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. Ms. Sargent will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Ms. Sargent may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations. This can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy Ms. Sargent is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment

of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Ms. Sargent provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment Ms. Sargent will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Ms. Sargent's expertise in employing them or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Ms. Sargent does not provide, she has an ethical obligation to assist you in obtaining those treatments.

**Termination:** As set forth above, after the first couple of meetings Ms. Sargent will assess if she can be of benefit to you. Ms. Sargent does not accept clients who, in her opinion, she cannot help. In such a case she will give you a number of referrals, whom you can contact. If at any point during psychotherapy, Ms. Sargent assesses that she is not effective in helping you reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Ms. Sargent will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Ms. Sargent will assist you in finding someone qualified, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Ms. Sargent will offer to provide you with names of other qualified professionals whose services you might prefer.

**Dual Relationships:** Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Ms. Sargent's objectivity, clinical judgment or therapeutic effectiveness or can be exploitive in nature. Ms. Sargent will carefully assess before entering into non-sexual and non-exploitive dual relationships with clients. In Redwood City and the Peninsula, in general, it may be that many clients know each other and Ms. Sargent from the community. Consequently you may bump into someone you know in the waiting room or into Ms. Sargent out in the community. Ms. Sargent will never acknowledge working with anyone without his/her written permission. Many clients choose Ms. Sargent as their therapist because they knew her before they entered into therapy and/or were aware of her stance on the relevant issues. Nevertheless, Ms. Sargent will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, and often it is impossible to know that ahead of time. It is your responsibility to communicate to Ms. Sargent if the dual relationship becomes uncomfortable for you in any way. Ms. Sargent will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or the welfare of the client, and of course you can do the same at any time.

**Emergency Coverage:** In the unlikely event that something serious happens to Ms. Sargent, she has proactively put a small and selective team of colleagues in place to alert her clients and help them receive continued care should she no longer be able to practice therapy or if an unforeseen extended absence happens. These therapists have the same professional standards of confidentiality as Ms. Sargent.

**Cancellation:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

**Complaints:** The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of 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.

**Minors in Therapy:** If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is my policy to request a written agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, I will provide them only with general information about our work together, subject to your approval, or if I feel it is important for them to know in order to make sure that you and people around you are safe. If I think it is appropriate, I will involve them if I feel that there is a high risk that you will seriously harm yourself or another/others. Before giving them any verbal or written information, I will discuss the

matter with you, if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, (total 4 pages) I understand them and agree to comply with them:

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Client name (print)	Date	Signature
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Parent or Guardian name (print)	Date	Signature
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Psychotherapist	Date	Signature
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