

# *JoAnn Fitzpatrick, MA, MFT*

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*\*Please note that JoAnn Fitzpatrick, MA, MFT is a sole proprietor and is not in any type of business partnership with any other professional providing services at the above stated address.*

## **Guidelines for Psychotherapy Services**

The following information is provided to assist you and/or your family in understanding the guidelines of psychotherapy services and to make an informed decision when consenting to psychotherapy services.

### **Therapeutic Process**

There are many myths perpetuated in society regarding the therapeutic process. This section serves to better inform you and/or your family regarding some of the realities of the therapeutic process. Specifically, to inform you and/or your family of the reality that therapy is emotionally challenging. As you and/or your family begin treatment, it is common to feel that your presenting issues become worse before they feel consistently better. It is important to be aware that therapy is not always experienced as a “success” based on initial expectations for the eventual outcome of treatment. It is also common to redefine your presenting problem through the process of therapy as underlying issues are explored and their connections with your current difficulties are better understood. Due to this potential for redefinition of presenting issues, treatment goals and needs will be reassessed as indicated.

Ms. Fitzpatrick will utilize the first several sessions to assess if she can be of benefit to you. Ms. Fitzpatrick does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during treatment, Ms. Fitzpatrick assesses that she is not effective in helping you reach your therapeutic goals, she will discuss it with you and, if appropriate, 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. Fitzpatrick 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. Fitzpatrick will assist you in finding someone qualified, and, if she has your written consent, she will provide him/her with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Ms. Fitzpatrick will offer to provide you with names of other qualified professionals whose services you might prefer.

Ms. Fitzpatrick’s therapeutic approach with clients is eclectic, based on the assessment of client(s) needs and her ability to use a variety of treatment modalities to most effectively meet those needs. Ms. Fitzpatrick welcomes open dialogue regarding the therapeutic experience. If the treatment plan indicates the need for a specialist, including psychiatric evaluation or psychological testing, appropriate referrals will be provided.

### **Confidentiality**

As a consumer of mental health services, it is important for you to understand the laws of confidentiality. Generally, all psychotherapy sessions remain confidential – that is, information disclosed during the course of a psychotherapy session remains private between the client(s) and mental health professional. However, as a mental health professional, Ms. Fitzpatrick is also a **mandated reporter**. As a mandated reporter, Ms. Fitzpatrick is legally responsible to break confidentiality when **safety issues** arise during the course of treatment. These include the following situations:

- **Suicidal:** A client is in immediate danger of harming him/herself.
- **Homicidal:** A client is in immediate danger of harming someone else or property.

- **Child Abuse:** A client under the age of 18 who may be currently experiencing neglect or physical, mental, emotional, psychological or sexual abuse.  
*Special Note:* In the case of sexual abuse, any experience of past sexual abuse in which the perpetrator has been identified that was not reported to the police or the Department of Children and Family Services (DCFS) must be reported by the current therapist to DCFS. Also, if a perpetrator of past sexual abuse is identified by a client as currently having access to children, a report must be made by the current therapist to protect the welfare of children at risk.
- **Dependent or Elder Abuse/Neglect**
- **Gravely Disabled:** A client is unable to care for him/herself (feed, bathe, clothe, etc)

If any of these safety issues arise during the course of treatment, Ms. Fitzpatrick will take the necessary steps to ensure the safety of her client. These steps may include contacting the hospital for a crisis evaluation, the police, the parent/guardians or significant others, and/or DCFS.

Should an agent of the federal government request a copy of your records, under the *Patriot Act* (Section 215) I must respond without your knowledge.

It is also important to note that confidentiality may be compromised and disclosure may also be required in the following circumstances:

- **Ethical or legal charges** in which the client's emotional distress or mental status is at issue. Disclosure may be required pursuant to a legal proceeding. 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. Fitzpatrick. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Ms. Fitzpatrick will use her clinical judgment when revealing such information. Ms. Fitzpatrick 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.
- For the **collection of unpaid bills.**

### **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 (client) nor your attorney, nor anyone else acting on your behalf will call on Ms. Fitzpatrick to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be requested.

### **Consultation**

Ms. Fitzpatrick consults regularly with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

If **consultation** with persons that are not a part of treatment is requested by the client, a **Consent for Exchange of Information** form must be signed by the client and/or parent/guardian(s) prior to Ms. Fitzpatrick having any collaborative contact with persons outside of treatment (i.e., psychiatrists, school personnel, outside support services).

### **Emergencies**

Ms. Fitzpatrick regularly checks her voice mail during business days: Monday through Thursday. Messages received between Monday through Thursday will be returned as soon as possible w/in 24 hours of a business day. Unless the matter is urgent, messages left on Fridays, Saturdays, Sundays or holidays may not be returned until Monday or the first business day following a holiday. If a true emergency arises, contact with the appropriate crisis response services is required (i.e., police, medical or psychiatric hospitals).

**Appointments**

Clients are seen by appointment only. Appointments that are not cancelled 24 hours in advance will be charged and clients will be held financially responsible for payment of the session fee. Any collaborative collateral contacts or meetings made by the therapist at the request of the client and/or parent/guardian may be subject to additional fees. Please refer to the following fee policy for collateral contact rates.

**Fees**

The following are the fee rates for psychotherapy services provided by JoAnn Fitzpatrick, MA, MFT:

- Individual Therapy Session                    \$140 for 50 minutes
- Family Therapy Session:                    \$140 for 50 minutes; \$210 for 90 minutes
- Collateral Contacts/Meetings:            \$ 35 per 15 minutes

**Payment for Services**

The full fee for your session is collected at or before the time of service via cash or credit/debit card. Typically, credit/debit card payment is set up via *IVY PAY*, a credit/debit card payment service specifically designed for licensed mental health therapists, prior to or at the initial appointment. *IVY PAY* is a convenient payment option which securely records a debit or credit card so you will not have to take the time for payment during your session. I do not bill for services or carry account balances.

*Clients are always responsible for full payment of fee. Non-payment of an outstanding balance makes a client liable for prosecution to the fullest extent of the law.*

**Consent for Treatment**

I have carefully read the Guidelines for Psychotherapy Services provided by JoAnn Fitzpatrick, MA, MFT. I understand the information provided in the guidelines and agree to comply with them.

**Signatures of Client(s) or Parent/Guardians Legally Responsible for Treatment**

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Client or Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Client or Parent/Guardian

\_\_\_\_\_

Date

**Signatures of Minors and/or other participating family members:**

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

**Therapist’s Signature**

\_\_\_\_\_

Therapist

\_\_\_\_\_

Date