

KATHLEEN WARWICK-SMITH, MA, MFT
MARRIAGE AND FAMILY THERAPIST, LIC. NO. MFC 40025

18340 Sonoma Highway Sonoma, California, 95476

Tel: (707) 996-4416 | Fax: (707) 938-3515

E-mail: mft@katews.com

Disclosure Statement and Agreement for Services Couples

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Kate Warwick-Smith - Qualifications and Experience

I am a licensed Marriage and Family Therapist. I hold a Masters degree in Counseling Psychology from the California Institute of Integral Studies in San Francisco and a Bachelors of Arts degree in Political Science from the University of California at Berkeley. Since 1998 I have worked and trained in a number of clinical settings helping individuals, couples, children and families make positive life changes. You are free to ask questions at any time about my background, experiences and professional orientation.

Appointments

Appointments are 50 minutes long and occur weekly unless otherwise agreed. It is strongly recommended that appointments occur on a weekly basis for the greatest benefit. The first two or three appointments are for assessment and you can expect them to be different from a "normal" session. Their purpose is to gather information and to evaluate if and how I can be of assistance. This is also a time for you to assess whether this is a good therapeutic match for you. I encourage you to discuss with me any concerns that you might have. Appropriate referrals will be given to you if either you or I determine that your therapeutic needs would be met best elsewhere.

Payment

The fee for each session will be _____. Payment is due at the time of the appointment. Cash or personal checks are accepted. No change will be available, so please bring exact change or credit can be given towards the next appointment.

If for some reason you find that you are unable to continue paying for your therapy, please let me know. We can explore other options that may be available to you.

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Insurance

Please let me know if you wish to utilize health insurance to pay for services. If I am a contracted provider for your insurance company, I will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist/provider is happy to assist seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

Canceling Appointments

If you wish to cancel an appointment please give 24 hours notice or you will be charged for the missed appointment. Insurance companies will not pay for missed or cancelled sessions; understand that payment for those session will be your responsibility.

Confidentiality

What takes place between a therapist and client is confidential and shall not be disclosed to others except when required by law or with your express written consent. Breaking therapeutic confidentiality is mandated by law when a therapist has reason to believe that an incidence of child or elder abuse/neglect has occurred, if there is a threat of serious harm to one's self or others, or if a court order has been issued. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

No-Secrets Policy

In couples or family therapy, sometimes one individual divulges to the therapist a secret they do not want to be told to other individuals of the conjoint therapy. If this should occur I will encourage and support efforts to share this information with the other participants. I do not hold secrets. If you have any questions about this please do not hesitate to ask. The following is intended to further clarify this policy:

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This written policy is intended to inform you, the participants in family therapy or couple therapy, that when I agree to work with a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

During the course of couple therapy, I may see one or both partners individually for one or more sessions. These sessions are a part of the work that I am doing with the couple. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. Since these sessions are considered a part of the couple therapy, I would also seek the authorization of the other individual in the treatment unit before releasing confidential information to a third party.

There may be times, though, when I may need to share information learned in an individual session (a session with only one partner) with the entire treatment unit — that is, the couple, if I am to effectively pursue the treatment of the couple. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the patient (the couple) by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the couple. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple. If I am not free to exercise my clinical judgment regarding the need to bring this information to the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple. This policy is intended to prevent the need for such a termination.

Therapist Availability/Emergencies

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Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief as important issues are better addressed within regularly scheduled sessions. If a conversation looks like it will extend longer than 15 minutes I will ask if you would like to schedule an appointment to continue the discussion.

You may leave a message for me at any time on my confidential voicemail. If you would like for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need, please indicate that fact in your message and follow any instructions that are provided on my voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

About the Therapy Process

Therapists and patients are partners in the therapeutic process. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will periodically provide recommendations to you regarding your treatment and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Ending Therapy

You have the right to end therapy at any time. However, I ask that you agree to attend one final session before terminating. At times therapy can be uncomfortable stirring up feelings that may be difficult to hold or express and cause you to think about ending therapy. I encourage you to discuss these feelings in order to fully explore the issues involved and take advantage of what might be an important healing juncture.

(Signature)

(Date)

(Signature)

(Date)