

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

18340 Sonoma Highway Sonoma, California, 95476

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Disclosure Statement and Agreement for Services Individual

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.

What is Psychotherapy

Psychoanalyst, Carl Jung, once stated, "Who looks outside dreams, who looks inside wakes." Psychotherapy is that process he refers to of looking inside and awakening. However, what often brings people to therapy is not the desire to awake, but a desire to find relief from the inner turmoil and pain caused by outside situations, relationships or childhood experiences. Depth psycho-therapy seeks to involve the many layers and levels of a person's holistic being in a circular process of change. As resolution and healing occurs more creative energy becomes available for relationships and life. Depth psychotherapy is not a magic pill or an instant solution, but for many has proven to be an avenue towards gradual, lasting change.

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.

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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.

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.

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)