

Suzanne La Placette, Ph.D., LMFT

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Informed Consent for Couples Treatment

Name: 1) _____ DOB _____ Age _____

Name: 2) _____ DOB _____ Age _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Mobile Phones: 1) _____

2) _____

Email Address: 1) _____

Email Address: 2) _____

Mailing Address if different: _____

In the Event of an Emergency Contact: _____

Telephone Number: _____ Relation: _____

Psychotherapy Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychological Services

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client/couple in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Couple psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing painful or difficult aspects of your current life and it includes historical memories or traumas that could still be carried emotionally inside you. However, psychotherapy has been shown to have benefits for couples who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight for oneself and one's partner, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. When working with couples it is important to note that therapy may or may not be effective in keeping the couple together. Regardless of the outcome, learning to communicate, being able to address past hurts, current relational feelings and future ways of navigating relationships is valid and important. *Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. This work will be essential both within yourself and with your partner.*

The first session will involve a comprehensive evaluation of the strengths and weaknesses of the couple. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. If you have questions about my procedures, we should discuss them whenever they arise. Note that sessions may be through Telehealth or in-person depending on the logistics. When we have sessions via tele-health my preferred platform is Zoom. Unforeseen problems could arise with connectivity due to WiFi. Should this occur we will problem solve together to remedy the situation.

Structure of Couples Sessions:

Research has shown that couples treatment has a far better outcome when the treatment is consistent and time intensive especially at the beginning. This means that to obtain the best results I will need to see you a *minimum of one time a week for a minimum of 100 minutes (referred to as a double session)*. Once treatment has progressed and new skills learned, sessions can be tapered off over time. One essential component of couples work is to make space for a deep understanding of historical (i.e. family or origin) experiences/memories. I find it most beneficial for this work to be done with your partner present as opposed to individual sessions to learn of past hurts and trauma. This allows your partner to more deeply understand by hearing what the other has lived through. Should either one of you wish to meet individually to discuss something, I will make myself available. Should this occur, I will hold the confidence of the person requesting the individual session.

Scheduling:

Should you wish regular sessions on an ongoing basis, I will offer you a date and time that will be designated your time each week. Should you wish sessions on a less frequent basis (bi-monthly or monthly) I cannot guarantee my availability but will do my best to work with your schedule. I will add your name to my waitlist and will let you know if I have any sessions that may become available.

It is very important for you to understand that should you want regular sessions they must be scheduled, minimally, on a weekly basis.

Cancellation Policy:

To avoid paying for a missed session I will need to be informed 72 hours prior to your appointment that you will not be attending. *In the event that you do not cancel your appointment 72 hours in advance, I will do my best to reschedule your*

appointment to another hour within the same week. Therefore, it is best if you advise me as soon as possible of any conflict with your appointment so that options exist for rescheduling. ***In the event that another time is not available within the same week, you are financially responsible for your missed session.***

Fees:

The hourly fee for service covers a 50 minute session beginning promptly at the appointed time. A 50 minute session is **\$240.00. I ask that you pay for your session before it begins.**

50 minute session ~ \$240.00

75 minute session ~ \$360.00

100 minute session ~ \$480.00 (highly preferred as noted above)

*Please note fee increases may occur on a yearly basis but will be discussed with you well in advance.

You may pay using the following methods:

- **Cash (When in person)**
- **Check** - Please make it out to **Suzanne La Placette, Ph.D.**
- **Venmo** - please add me to your account using my name or this email address: slaplacett@mac.com. I encourage you to keep our transactions private within the Venmo App.
- **Zelle** - My account can be found using my email address, **slaplacett@mac.com**. Please do not use my phone number to locate the account.
- **PayPal** - PayPal.Me/SLaPlacette (Please make sure that you pay using the friends or family setting)

Note regarding Insurance Reimbursement:

Due to the complexities and time delays of insurance reimbursement I am not on any insurance panels nor do I bill insurance companies. At the end of the month I will provide you with an insurance statement that you must then submit to your insurance company. **You are responsible for dealing directly with your insurance company.** Please be aware that missed sessions will be indicated as such on your insurance statement and may not be covered by insurance. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, please refer to your insurance network provider list. Some insurance companies will cover Couple Treatment,

others, will not. It is best for you to contact your insurance company in advance to determine if they will reimburse for Conjoint or Couple Treatment.

Confidentiality:

All information disclosed during a session is confidential and will not be disclosed to anyone without written consent.

Confidentiality does NOT apply under the following conditions:

- If there is a reasonable suspicion of child abuse and/or neglect.
- If there is a reasonable suspicion of elder abuse and/or neglect.
- If you communicate to me a threat of harm toward yourself and I consider you to be a danger to yourself.
- If you communicate to me that you intend to harm another person(s) and I consider you to be a danger to said individual(s).

Should any of the above conditions be met, I will contact the appropriate law enforcement agency and/or protective service agency.

Terminations:

Our therapeutic relationship is very important to me and communication between us is essential. However, in the event that I have not heard from you for three consecutive weeks and no prior arrangement has been agreed upon, I will consider our therapeutic agreement to be null and void. Should you wish to begin treatment again, at anytime in the future, a new informed consent will need to be signed and the current fee structure will apply.

At times I may engage in professional consultations. At such times neither your names or identifying information will be revealed.

In the event of a Medical Emergency call 911 or go to your nearest Emergency Room.

Should you have any questions or concerns regarding the information contained in this consent form, please do not hesitate to discuss them with me.

CONSENT TO PSYCHOTHERAPY:

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

1) Patient's Signature: _____

Printed Name: _____

Date: _____

2) Patient's Signature: _____

Printed Name: _____

Date: _____

Received by Dr. Suzanne La Placette on _____