

**INFORMED CONSENT - MINOR**  
**Anni Schairer, MFT #89086**  
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**What to Expect & Fees**

You can expect to have weekly appointments for counseling lasting 50 minutes. The length of treatment will be dependent upon your or your adolescent's needs. My standard fee is \$100 per 50 minute session, due at the beginning of the session. If insurance is paying for your treatment, you may have a co-pay, and this is due at the beginning of the session. At this time, I can accept cash and check only.

**Cancellation Policy**

Please call or email at least 24 hours ahead to cancel an appointment. Missed appointments, or those cancelled less than 24 hours ahead will be charged a full fee (\$100). If insurance is paying for your regular sessions, but do not cancel appropriately, you will be responsible for my full fee (\$100) for the missed session.

**Between Session Communication**

Although I am available to answer logistical questions via email including rescheduling, I will not discuss your case or private health information electronically, as this is not a secure communication method. I cannot receive or respond to text messages. My business hours are Monday, Wednesday, Friday 9a-3p. I will do my best to return phone calls and email messages received outside of those business hours. I will communicate any expected absences to you in advance.

**Confidentiality**

Information and communication between you and I disclosed during the sessions and in written records pertaining to those sessions should remain private and confidential. Children over the age of 12 may participate in therapy without their parents' consent, and are entitled to the same privacy protections as an adult. Information can be exchanged with other people or agencies with your written permission, and in some cases with out it. Please see Notice of Privacy Practices for a detailed explanation of how I will protect your Private Health Information. Here are some examples of exceptions:

1. Reasonable suspicion of child abuse, elder abuse or dependent adult abuse.
2. When a client presents as being a danger to self or others, and disclosure is necessary to prevent the threatened danger.
3. Court ordered release of information, such as a subpoena.

**Limits on Legal Proceedings**

It is agreed that should there be legal proceedings (such as but not limited to divorce or custody disputes), neither you nor your lawyer, nor anyone else acting on your behalf will contact me to testify in court or request the release of the counseling records for the purpose of a legal proceeding. I do not accept court-ordered cases.

## Therapy Orientation

Counseling is the process of developing a safe, supportive, and trusting relationship with a therapist in order to heal from painful past experiences, explore solutions to current problems/issues, develop new skills to assist in daily living, improve mood, or work on area of personal growth. Participation in counseling CAN result in a number of benefits, such as improved interpersonal relationships, resolution of the specific concerns that led you to seek therapy, and better daily functioning.

Working toward these benefits requires effort and commitment on your part as well as honest and openness in order to change your thoughts, feelings and/or behavior. Your consistent attendance, completion of inter-session goals, and willingness to try new ways of thinking and behaving will help you to reach your goals. During therapy, remembering or talking about difficult events, feelings or thoughts can result in you experiencing considerable discomfort or unpleasant feelings, which may affect your mood or behavior. I may challenge some of your assumptions or perceptions or suggest different ways of looking at situations, events or issues in your life, which may or may not be viewed positively by peers or family members. **There is no guarantee that therapy will yield positive or intended results.**

I do not maintain personal friendships with clients either during or after termination of therapy. This is done in order to maximize the benefits of the therapeutic relationship. Should we see each other in public, any contact (including waves or verbal acknowledgement) is at your discretion.

## Termination

Participation in therapy is voluntary and can be ended at any time by you. It is the expectation that you notify me of your intention to stop therapy. I also have the right to terminate therapy based on your non-compliance with policies.

## Emergencies

If you are experiencing a psychiatric emergency, you should contact Yolo County Crisis. They are open and available to assist Yolo County residents 24 hours a day, 7 days a week. **Their phone number is 530-756-5000.**

If you want to know more about these policies, or have any questions about the information in this document, please speak to me.

**I have read the above Informed Consent Document carefully; I understand and agree to comply:**

**Client Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_