

Debra Tessmer-Wagner, LMFT (CA MFC#77147)
3633 Camino del Rio South, Suite 102
San Diego, CA 92108

INFORMED CONSENT

The following information is meant to help you understand what therapy is, what you can expect from me, and what will be expected of you. Your initials at the end of each section means you've read and agree. If you have questions, please ask in our next session.

Confidentiality

As a safeguard to you and the information that you share with me, the State of California provides a legal privilege that protects the confidentiality of the information that you disclose to me. Confidentiality enables you to be as open and as honest as you can be with me, which will enable therapy to be beneficial. Anything discussed in therapy, the fact that you are my client, and any records I maintain concerning our sessions are confidential, unless you give signed consent to release this information to others. There are state-mandated limits to confidentiality:

1. If I reasonably suspect that a child, an elder, or dependent adult is being abused by you or another, I am mandated by law to report this to Child Protective or Adult Protective Services.
2. If I become aware that you have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act.
3. If you make a threat to harm someone else, or someone close to you informs me of your intent to harm someone else, I am required to report this to the police and the person being threatened.
4. If you threaten to harm yourself, I can breach confidentiality to ensure your safety, which may include involving the police, involving your loved ones, and/or getting you admitted to a hospital that can provide you with a more appropriate level of care.
5. In the event that I must report you to a collection agency to obtain outstanding fees.
6. If you choose to pay for therapy through insurance, your insurance company will be informed.
7. If I am court-ordered to release subpoenaed information.

To ensure the highest quality of professional care, I regularly attend consultation with other psychotherapists where I may discuss certain aspects of our work. No identifying information will be disclosed during such consultation, and only that information which is necessary to further help me provide you with the best possible care will be discussed. _____ **Initial**

The Therapeutic Relationship

The professional relationship we establish in therapy requires the highest moral, ethical and appropriate conduct on my part. Therapy never includes sexual involvement of any kind. If sexual intimacy has occurred between you and a previous therapist, please let me know and I will provide you with the booklet "*Therapy Never Includes Sex.*" In addition, our encounters will be limited to the therapeutic relationship. Outside involvement, such as other-than-therapy business or social transactions, can interfere with your therapy and can hinder your progress.

_____ **Initial**

Communication

My communication with you outside of session time will be *limited to phone calls only*. **Because I cannot do therapy via text or email, and due to the fact it is not a confidential venue, texting and emailing are prohibited.** If you choose to text or email, please understand my reply will simply be to redirect you to call or wait to discuss until your next session. In the event of an emergency, please call 911 or the Crisis HotLine at 1-888-724-7240. For non-emergency matters, please leave a detailed voicemail at 619-507-2936, and I will return it the following *business* day. I am not in the office Sundays and Mondays, and any calls will be returned the following business day. Please take special note of the following: **all in-between-session contact (whether by phone, text and/or email) is billable** because your communication requires my therapeutic response. Such communications will be billed as follows: the first 15min are free, and everything thereafter will be billed according to a prorated 15min increment. Example: A phone call/discussion/email/text that takes 35min will be billed accordingly: first 15min free, 16-30min will be \$36.25, and 31-35min will be an additional \$36.25. ***The only communication that will not include a charge is to schedule or reschedule an appointment.***

_____ **Initial**

Appointments

When we schedule appointments, that time is reserved for you. If you need to cancel or change your appointment time, **please allow for 24 hours notification. For all cancellations within less than 24 hours a \$75 Late Cancel Fee will apply unless I'm able to fill the session time, in which case no late-cancel fee will apply.** _____ **Initial**

Financial Arrangements

Standard therapy hour is 50 min and is \$145/session. If you prefer 60-min sessions, the fee is \$160. For those using insurance, I accept **any PPO with out-of-network benefits**. Once your deductible has been met, insurance may pay for a percentage of my fee, and you will be responsible for the remainder. Fees are due at the end of each session, and I accept cash, check or credit card. If you fail to pay for services rendered, after 60 days, a collection agency may be contacted. If you choose to pay through insurance, most insurance agencies require a diagnosis for payment. At that time, we can discuss an appropriate diagnosis, and the implications of having a diagnosis on your insurance records.

Fee: \$ _____ **Initial**

Authorization

I have read and understood the above policies, asked any questions regarding these policies as needed, and understand what has been explained to me. I understand my rights and responsibilities, as well as those of my therapist, in agreeing to participate in therapy. I agree to give my informed consent for services rendered.

Signature

Date

Signature of Parent or Guardian

Date

Signature of Therapist

Date