

INFORMED CONSENT FORM

(adapted from Polly Young-Eisendrath, Ph.D.)

This document outlines the professional services and business policies of **Charlotte Helen Kay, LMFT**. By signing the separate Signature Page, you acknowledge that you've been informed of the structure, expectations, and boundaries of our work together.

PSYCHOLOGICAL SERVICES

Psychotherapy is a collaborative process and can be both rewarding and challenging. It involves talking about difficult aspects of your life and may bring up uncomfortable emotions. At the same time, therapy often leads to growth, relief, improved relationships, and greater self-understanding.

You are encouraged to bring openness and engagement to the process. If you ever feel unsure about our work, please bring it up. If we cannot resolve your concerns, I'll be happy to refer you elsewhere. I may also refer out if your needs fall outside my scope of practice.

If either of us decides to end therapy, I strongly recommend a closing session to review and process the work we've done.

PROFESSIONAL FEES

Because I do not contract with managed care, I may adjust fees as needed. You will be informed in advance of any changes. Phone calls longer than 15 minutes may be billed at your session rate. You are entitled to a **Good Faith Estimate** of costs.

If finances become a concern, I encourage open conversation. Temporary adjustments may be possible or a referral may be the most appropriate step.

BILLING & PAYMENT

Payment is due **before** each session unless we've agreed otherwise. Accepted methods:

Zelle: charlottekaytherapy@gmail.com (preferred)

Cash App: \$CharlotteHKay

Apple Pay: 323-388-9625

INSURANCE

If you have PPO insurance, it may reimburse part of your fee. You are responsible for knowing your benefits and for all communication with your insurer. I can provide a superbill (usually every 6 sessions), which may help with reimbursement.

Please note:

- Insurance requires a diagnosis which may become part of your record.
- Additional information (e.g., notes, treatment plans) may be requested.
- I cannot guarantee reimbursement or control how your information is handled once submitted.

You have the right to pay privately to avoid involving insurance.

CANCELLATIONS & MISSED SESSIONS

Your scheduled session time is reserved specifically for you. Cancellations are discouraged for continuity of treatment.

- **24** hours notice is required to avoid being charged.
- Same-day reschedules are discouraged and not guaranteed so they may still incur a charge—but if I have the flexibility, I will offer other times.
- More than **two consecutive missed sessions** may result in loss of your standing appointment.

If you have to miss a session (e.g. vacation), give as much notice as possible. I ask that we try to find an alternative time to make up the session when possible.

CONTACTING ME

Text and email are only for **scheduling/logistics**, not clinical discussions. I check messages during business hours and aim to return calls the same day (except weekends/holidays).

If you are in crisis and cannot reach me, call **911**, or to the nearest ER.

CONFIDENTIALITY

Your privacy is protected by law, and I cannot share information about you without your written consent, except in the following situations:

- If I suspect abuse of a child, elder, or dependent adult
- If you make a serious threat to harm yourself or someone else—in which case I may contact emergency services, notify potential victims, or arrange for hospitalization without your permission
- If a court order legally compels me to release records or provide testimony

I may consult with other professionals to support your care. Identifying details will be omitted whenever possible, and all consultants are bound by confidentiality. I am legally required to report unethical conduct by other therapists. I will not do so if it would violate your confidentiality, unless legally mandated.

UNEXPECTED THERAPIST ABSENCE

In the event of my incapacity, illness, or death, a are not guaranteed and may still incur a charge— ensures continuity of care. My designated professional executors (Jenny Walters and Rebecca Medina Snyder) are authorized to access your records only to facilitate transition or closure.

THERAPIST CREDENTIALS & LICENSURE

I hold a **Master of Arts in Counseling Psychology** from Pacifica Graduate Institute (2010), with training in depth-oriented psychotherapy. My approach integrates **Jungian, psychodynamic, and humanistic** principles. I have had extensive training in other modalities since graduating.

California

I am a Licensed Marriage and Family Therapist (**LMFT #82224**) under the laws of California.

Concerns may be directed to:

Board of Behavioral Sciences (BBS)

1625 North Market Blvd., Suite S200

Sacramento, CA 95834

Phone: (916) 574-7830

www.bbs.ca.gov

Colorado

I am licensed in Colorado (**MFT.0002932**) under the laws of the State of Colorado. As a client in Colorado, you have the following rights (§12-245-216):

- * To know the methods I use
- * To understand the likely duration of therapy
- * To ask questions and seek second opinions
- * To refuse or stop treatment at any time
- * To expect confidentiality, with legal exceptions
- * To access your treatment records (with limits)

Concerns may be directed to:

Colorado Department of Regulatory Agencies (DORA)

Division of Professions and Occupations – Mental Health Boards

1560 Broadway, Suite 1350

Denver, CO 80202

Phone: (303) 894-7800 <https://dpo.colorado.gov>