

Maggie Baumann, MA, MFT Intern

Marriage, Family Therapist Intern 55643
Supervised by Michele Lob, MFT 39932
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Name _____ Date of Birth _____

Home Address _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Person to Notify in Case of an Emergency: _____

Phone Number _____ Relationship _____

CONSENT FORM -- Practice Policies and Information

SERVICES PROVIDED BY A REGISTERED CLINICAL INTERN

As a registered clinical intern, Maggie Baumann, MA, MFT Intern is under the supervision of a licensed mental health professional, whose name and phone number is noted above. Maggie receives regular supervision, at which time she may discuss your case to ensure your treatment plan is appropriate. At some point, her supervisor may require audio or video-taping of a session. Prior to this occurring, you and Maggie can discuss any questions or concerns you may have with this process. The recording created from this session will only be viewed during supervision and will be immediately destroyed thereafter. Please note that the recording will be securely stored until reviewed and destroyed by Maggie’s supervisor.

If you have any questions or concerns about your treatment while under the care of Maggie, you are encouraged to discuss them with her. If you feel that Maggie has been unable to adequately address your questions or concerns, you may contact her supervisor to discuss them further. Also, in the event of an emergency or unexpected absence, you may be contacted by my supervisor if the situation requires such communication.

CONFIDENTIALITY: The matters discussed in psychotherapy will not be disclosed to another party without the client's/clients' consent, except in the following situations, should they arise, which are mandated by law: revelations which raise a suspicion of child abuse/neglect/endangerment; imminent risk of homicidal behavior; abuse of elderly or disabled persons; or where required by a court of law because the client has sued a third party for emotional distress. In cases of imminent suicidal

behavior, the therapist may consider notification of family members as one means to protect the client, but this would typically be discussed with the client first.

When therapy is being conducted with a couple or a family unit (e.g., parent(s) and child(ren)) on an ongoing basis, it can be counterproductive to the therapy process, and the trust and emotional safety of the clients for the therapist to have information or private communications from one member of that couple or family unit which are not known to other members. Therefore, it is Maggie Baumann, MA, MFT Intern's policy that if a telephone call or other communication is received outside of the joint therapy session from one of the members of the couple or family unit, that communication will need to be shared with the rest of the couple or family unit at the next session, so that it may be discussed and utilized to assist the couple or family as a whole. With couples, parent/child and family therapy, both partners must be present for the session to occur; a no-show or late cancellation by one member will be billed in full, but the single member will not be seen alone as this can be counterproductive to trust and continuity.

For clients under 18 years of age, the parents legally hold the confidentiality privilege over disclosure of material from therapy sessions. However, out of respect for the teenage client's privacy and autonomy, and to promote the most effective treatment, it is the therapist's policy that she does not disclose to parents the material which the teenage client discloses to the therapist in the teenager's individual sessions unless the teenager gives her/his consent to such disclosure or if therapist determines the teenager is in immediate risk of serious harm to themselves or others. In such cases, the therapist will typically discuss with the teenage client her opinion of the need to consult with the parents before doing so. What is usually recommended for teenage clients who are in individual therapy is that a joint meeting between the therapist, client and parents be held every few weeks, with the therapist and client reviewing beforehand the client's perceptions of their current status with the goals they entered therapy to work on.

CANCELLATION/ NO-SHOW /RESCHEDULE: When you enter therapy, you will be scheduled for a consistent, ongoing appointment day and time. Having and keeping this appointment consistently contributes to the continuity, comfort, and effectiveness of the therapy process. Should you ever need to cancel or reschedule your appointment, please call a full 24 hours or more in advance or you will be charged the full fee for the session (a message left on the voicemail is sufficient and may be left at any time 24 hours a day, 7 days a week). The same policy applies if you "no-show" for a session, and applies regardless of the reason for the missed session (e.g., forgetting, traffic, work or school commitment, sickness). If you are unable to cancel within the 24 hour policy, every effort will be made to reschedule you within that same week before your next appointment. Please note that insurance carriers do not cover and may not be charged for no-show or late-cancellation sessions, so you would pay the full fee out-of-pocket for these missed sessions.

REPORTS: Should you ever request or require that Maggie Baumann, MA, MFT Intern complete or review a report or other form of written documentation regarding your psychological status, the standard fee will be charged per hour for preparation/review of the report.

PAYMENT POLICIES: I understand that Maggie Baumann, MA, MFT Intern charges \$100.00 for a 50 min. session. Payment is expected at the time of each session, unless agreed otherwise. Maggie utilizes an online billing system that allows her to accept electronic checks and VISA/Mastercard/Discover Cards. An Electronic Payment Authorization form is included with the new client packet along with an explanation of how your payments will be handled. Please complete this form and include it with this contract. If you would like a Monthly Statement of Charges and

Payments, please also include your email address and one will be sent on the 5th of each month from Therapy Partner, our payment processing system.

PHONE CALLS: I understand that Maggie Baumann, MA, MFT Intern does not work on an emergency basis and does not carry a pager. If an emergency situation arises, I know that I should go to the nearest hospital emergency room. Phone calls between sessions are typically limited to scheduling and other logistical matters which must be arranged before the next session. If you encounter a serious psychological crisis between sessions and do not have a session scheduled in the next 12 hours, you will be encouraged to schedule one. The reason for this is that scheduled, in-person sessions, where the therapist has the time set aside for you, are the most effective way to obtain assistance. If there is a life-threatening psychological emergency and Maggie Baumann, MA, MFT Intern does not have an appointment available in the next 12 hours, a brief telephone consultation may be provided to assist you until the next available appointment. Such crisis consultations are charged at the standard fee, prorated to the nearest quarter-hour. Please note that insurance carriers do not reimburse for telephone consultations.

EMAIL: I understand that Maggie Baumann, MA, MFT Intern may not check her email on a daily basis, and that email is not a confidential way to communicate. I understand that Maggie Baumann, MA, MFT Intern is not responsible for any information transmitted via email.

I understand that good psychotherapy involves an intimate exploration of my private life and thoughts. I understand that in order for this exploration to be helpful and healing, it must occur in an environment of trust. While there are no guarantees, I understand that, if I am as honest as possible, the chances that I will benefit from treatment with Maggie Baumann, MA, MFT Intern are enhanced.

I understand that my treatment with Maggie Baumann, MA, MFT is voluntary and that I have the right to terminate treatment at any time.

I have read, understood, and agreed to each of the items listed in detail above. I have asked any questions about any parts which have caused me concern, or that I did not fully understand. By signing below, I understand and agree to the nature and conditions of the psychotherapy that Maggie Baumann, MA, MFT will provide to me and each of these items in this Consent Agreement.

Please Print Your Name (if a minor, parent please print your name)

Please Sign Your Name (if a minor, parent please sign)

Today's Date