



## Ventura Community Counseling

*build a healthy relationship with the heart and mind*

### Consent to Treatment

**Consent:**

I hereby agree to counseling at Ventura Community Counseling.

**MFT Intern**

I/we understand that my therapist is a pre-licensed therapist working under supervision. All pre-licensed therapists are legally required to attend weekly supervision where client cases are reviewed to assure quality and appropriateness of treatment. The utmost care is taken to preserve your confidentiality.

Therapist Name \_\_\_\_\_ Trainee/Intern # \_\_\_\_\_  
**Supervised by Marilyn Owen, LMFT #41344**

**Benefits/Possible Risks:**

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Other benefits relate to life changes resulting from resolution of concerns addressed in therapy.

Although there is an expectation that there are benefits from psychotherapy, there is no guarantee that this will occur. Nor is there any guarantee concerning the required duration of treatment. Progress in therapy will be reviewed periodically between client and therapist. The client can inquire about nature, length, cost, and consequences of treatment at any time, and if free to discontinue treatment at any time. Therapy may deal with sensitive or difficult topics, may elicit uncomfortable emotions, and may lead to individual decisions that are at least temporarily disruptive for oneself and family.

**Confidentiality:**

All information disclosed during our sessions is confidential and will not be revealed to anyone outside the supervision team without written permission. However, there are exceptions to confidentiality including, but not limited to, reporting child, elder and dependent adult abuse, expressed threats of violence towards an identifiable victim, and when a patient is dangerous to him/herself.

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73 N. Palm Street, Suite F5, Ventura, CA 93001

[www.VenturaCommunityCounseling.com](http://www.VenturaCommunityCounseling.com)

805-791-9700

**Record Keeping:**

I understand that my therapist may take notes during sessions and that my therapist may produce other notes and records relevant to my psychotherapeutic treatment. These notes may include clinical and business records, which by law, my therapist is required to maintain. Such records are the sole property of Ventura Community Counseling. Should I request a copy of my therapist's records, I understand that, under California law, my therapist reserves the right to provide me with a treatment summary in lieu of actual records.

**Patient Litigation:**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity, are parties. Therapist has a policy of not communicating with Patient’s attorney and will generally not write or sign letter, report, declarations, or affidavits to be used in Patient’s legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist’s usual and customary hourly rate of \$100.00/hour.

**Psychotherapist-Patient Privilege:**

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition, testimony, or testimony in a court of law, the Therapist will assert the psychotherapist-patient privilege on Patient’s behalf until instructed, in writing, to do otherwise by Patient or Patient’s representative. Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding.

Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

**Acknowledgment:**

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have discussed these terms and conditions with Therapist, and have had questions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with Therapist. Moreover, I agree to hold Ventura Community Counseling and Therapist and any Clinical Supervisors involved free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I have read the above terms and conditions and understand them.

Signature \_\_\_\_\_ Date \_\_\_\_\_