



Informed Consent Agreement

This Agreement provides important information regarding the practices, policies, and procedures of Katherine Holt Jewett, LMFT (herein "Therapist"), and outlines the terms of the professional therapeutic relationship between Therapist and Client prior to beginning therapy.

Therapist Background and Qualifications

The Therapist holds a B.A. in Psychology from U.C. Berkeley, an M.A. in Counseling Psychology with a focus on Marriage and Family Therapy and Professional Clinical Counseling from John F. Kennedy University, and an M.B.A. from U.C. Berkeley, Haas School of Business. The Therapist has been working with clients since 2013, offering services to diverse populations, including adults, children, and adolescents. The Therapist has experience in several therapeutic modalities, including but not limited to:

- **Cognitive Behavioral Therapy (CBT)**
- **Dialectical Behavior Therapy (DBT)**
- **Eye Movement Desensitization and Reprocessing (EMDR)**
- **Somatic Therapy**
- **Neurofeedback**
- **Interpersonal Neurobiology**
- **Attachment Theory**
- **Psychodynamic Therapy**
- **Narrative Therapy**
- **Sensorimotor Psychotherapy**

The specific therapeutic approach used will be tailored to meet the needs of the Client, with the Client's active participation being crucial for the therapy's effectiveness.

Risks and Benefits of Therapy

Psychotherapy is a process where the Client and Therapist discuss various issues, experiences, and memories to promote positive change, allowing the Client to live a more fulfilling life. Therapy can reduce stress, improve relationships, increase self-confidence, and other benefits. However, there are no guarantees, and the process may sometimes evoke discomfort or strong

emotions such as sadness, anger, or fear. The success of therapy depends on the Client's active participation, honesty, and willingness to change.

Participating in therapy may also involve discomfort, including discussing unpleasant events and emotions. The process may evoke strong feelings, a normal part of healing. There may be times when the Therapist challenges the Client's perceptions and offers different perspectives. The Client should be aware that decisions regarding changes in personal relationships are the Client's responsibility.

Crisis Plan

The Therapist does not provide 24-hour crisis services. In the event of a mental health crisis, the Client should contact emergency services by calling 911 or going to the nearest emergency room. For non-emergency situations requiring immediate support, the Client may contact local crisis hotlines or the National Suicide Prevention Lifeline at 1-800-273-8255.

Professional Consultation

To maintain a high standard of care, the Therapist regularly consults with other professionals about cases. These consultations are conducted without revealing the Client's personal identity.

Records and Record Keeping

The Therapist may take notes during sessions and will maintain these as part of the clinical and business records, which are the property of the Therapist. Clients may request a copy of their records in writing, though the Therapist may provide a summary instead. Records will be kept for **seven years** following the termination of therapy. For minor clients, records will be maintained for at least seven years after the minor reaches the age of 18. After this period, the documents will be destroyed in a manner that preserves confidentiality.

Confidentiality

Information shared by the Clients is confidential and will not be disclosed to third parties without the Client's written consent, except as required by law. Exceptions include cases of child, elder, or dependent adult abuse, threats of violence, or situations where the Client poses a danger to themselves or others. Additionally, if a court of law orders the Therapist to release records, the Therapist must comply with the order. If payment for services is overdue, the Therapist may use a collection agency, sharing only the necessary information to obtain payment.

Client Litigation

The Therapist will not voluntarily participate in any litigation or custody dispute in which the Client and another individual or entity are parties. The Therapist has a policy of not communicating with the Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in the Client's legal matter. The Therapist will generally not

provide records or testimony unless compelled to do so. Should the Therapist be subpoenaed or ordered by a court of law to appear as a witness in an action involving the Client, the Client agrees to reimburse the Therapist for any time spent on preparation, travel, or other time in which the Therapist has made themselves available for such an appearance at the Therapist's usual and customary session rate of \$175 for a 50-minute session.

Psychotherapist-Client Privilege

The information shared by the Client is protected by psychotherapist-client privilege, similar to attorney-client privilege. However, this privilege may be waived if the Client makes their mental or emotional state an issue in a legal proceeding. The Therapist will assert this privilege on behalf of the Client unless instructed otherwise in writing.

Audio and Video Taping

By agreeing to this informed consent, the Client understands and agrees that sessions may be audio recorded and transcribed to create complete session notes. These notes are used to capture the nuances of the session and to enhance the Therapist's understanding of the Client's issues. The Client may refuse recording at any time during the therapy process. All recordings will be kept confidential, securely stored, and destroyed once no longer needed.

Fees and Payment

The standard fee is \$175 for a 50-minute session, with additional time billed pro rata. Clients are expected to pay for services at the time they are rendered. The Therapist accepts various forms of payment, including cash, checks, and credit cards. Please note that if payment is made by credit card, a small processing fee charged by the credit card processor will be added to the payment.

From time to time, the Therapist may engage in telephone contact with the Client for purposes other than scheduling sessions. The Client is responsible for payment of the agreed-upon fee (on a pro-rata basis) for any telephone calls longer than ten minutes. In addition, the Therapist may contact third parties at the Client's request and with the Client's advance written authorization. The Client is responsible for payment of the agreed-upon fee (on a pro-rata basis) for any telephone calls longer than ten minutes.

Insurance

The Therapist does not contract with any insurance providers. If the Client chooses to seek reimbursement from their insurance, the Therapist will provide a statement (superbill). It is the Client's responsibility to verify whether their insurance will reimburse for out-of-network services and arrange and obtain payment from the insurance provider.

Teletherapy Services

If teletherapy services are provided, they will be conducted via a secure, HIPAA-compliant platform. The Client is responsible for ensuring they have the necessary technology (e.g., internet connection, webcam) and a private session location. While teletherapy offers flexibility and convenience, there are potential risks, including technical difficulties, limitations in non-verbal communication, and concerns about confidentiality. The Client should notify the Therapist immediately if any issues arise during a teletherapy session.

Consent for Treatment of Minors

When treating minors, it is essential to obtain informed consent from the appropriate party before beginning therapy. The following guidelines apply based on California law:

Parental Consent:

- **Married Parents:** If the parents of the minor are married, either parent can provide consent for the minor's treatment. However, it is considered best practice to inform both parents to ensure transparency and to avoid potential conflicts.
- **Unmarried Parents Without Custody Order:** If the parents are unmarried and have no custody order, either parent may consent to the minor's treatment. If paternity is in question, the biological mother has the sole authority to consent unless paternity has been legally established.
- **Divorced or Separated Parents with Joint Legal Custody:** If the parents are divorced or separated and have joint legal custody, either parent can consent to treatment. However, the language in the custody order may specify who has the authority to make decisions regarding mental health treatment. If there is no specific language, either parent may consent. It is advisable to involve both parents to maintain a cooperative therapeutic environment.
- **Parent with Sole Legal Custody:** If one parent has sole legal custody, only that parent may consent to the minor's treatment. The other parent does not have the legal authority to consent unless a court order states otherwise.
- **Adoptive Parents:** Adoptive parents have the same rights as biological parents regarding mental health treatment decisions.
- **Legal Guardians:** Legal guardians generally have the same rights as biological parents regarding mental health treatment decisions.
- **Foster Parents:** Foster parents generally do not have the authority to consent to mental health treatment for their foster children unless they are also the legal guardians. Health care decisions, including mental health treatment, are typically made by the child's legal guardian or the state.
- **Qualified Relatives:** A qualified relative (e.g., grandparent, sibling, aunt, uncle) may consent to treatment if they have a properly executed Caregiver's Authorization Affidavit under California Family Code §6550. This affidavit grants temporary authority to the relative, but the consent of a parent or legal guardian supersedes this unless the parent's decision jeopardizes the minor's health or safety.

Minor's Right to Consent to Therapy:

- **Minors Aged 12 and Older:** In California, minors aged 12 and older can consent to their own mental health treatment under certain conditions:
 - The minor must be deemed mature enough to participate intelligently in therapy.
 - The minor must present a danger of serious physical or mental harm to themselves or others without treatment, or the minor must be an alleged victim of incest or child abuse.
 - Under California Family Code §6924, while a minor can consent to their own treatment, the Therapist should involve the minor's parent or guardian unless it is deemed inappropriate. The Therapist must document in the Client's record whether and when attempts to contact the parent or guardian were made or why it was inappropriate to involve them.
- **Minors Who Are Married or Emancipated:** Minors who are married, serving in the armed forces, or emancipated have the legal authority to consent to their own treatment without parental involvement.

Confidentiality with Minors:

- When minors consent to their own treatment, they have the right to confidentiality, and parents or guardians may have limited access to information about the therapy. The Therapist must carefully navigate confidentiality issues and determine what information, if any, should be shared with the parents or guardians, considering the minor's best interests and legal guidelines.

Best Practices for Therapists:

- Even if only one parent's consent is legally required, it is clinically advisable to obtain consent from both parents whenever possible. Failing to do so could result in alienating one parent, potentially undermining the therapeutic process.

Termination of Therapy

The Therapist reserves the right to terminate therapy at their discretion. Reasons for termination include but are not limited to untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs that are outside the Therapist's scope of competence or practice, or the Client is not making adequate progress in therapy. The Client has the right to terminate therapy at their discretion. Upon either party's decision to terminate therapy, the Therapist will generally recommend that the Client participate in at least one or more termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to the Client.

Informed Consent for Specific Therapeutic Techniques

Certain therapeutic techniques involve unique processes, potential risks, and specific requirements. It is crucial that the Client fully understands these aspects before consenting to their use in therapy.

Eye Movement Desensitization and Reprocessing (EMDR): The Therapist is trained in EMDR (Eye Movement Desensitization and Reprocessing), a therapy with 30 years of evidenced success in treating traumatic memories and events in the Client's distant or recent past. EMDR is one of the most studied and evidence-based therapies currently available. The therapy can often have very immediate results in lowering the emotional suffering of a Client, with sometimes radical reductions of symptoms related to the traumatic event or memory. The Client should be aware, however, that if they are involved in legal proceedings where the payout depends on their emotional suffering, EMDR may affect the ultimate payout as suffering is often reduced or eliminated after reprocessing. Additionally, while EMDR is extremely safe, Clients with a history of epilepsy and/or seizures should be aware that the fast eye movement used in EMDR has the potential to bring on a seizure. If the Client has a history of seizures and/or epilepsy, they should share this information with the Therapist so that alternate methods of desensitization and reprocessing can be considered.

Neurofeedback: Neurofeedback involves using real-time monitoring of brain activity to help the Client gain control over certain physiological functions. It is often used to address conditions such as ADHD, anxiety, and PTSD. While generally safe, neurofeedback requires consistent participation and may involve adjustments based on the Client's response. The Client will be informed of any potential side effects or discomforts that may arise during neurofeedback sessions.

Somatic Therapy: Somatic Therapy focuses on the connection between the mind and body, helping the Client become more aware of physical sensations and how they relate to emotional experiences. This therapy may involve breathing exercises, movement, and other techniques that can sometimes evoke strong emotional responses. The Client's consent will be obtained before engaging in any somatic practices that involve physical touch or close physical proximity.

Dialectical Behavior Therapy (DBT): DBT is a type of cognitive-behavioral therapy that emphasizes the development of skills for managing emotions, improving relationships, and increasing mindfulness. DBT often includes group therapy components in addition to individual sessions. However, the group therapy portion may not be available or necessary in all cases. The Client will be informed about the structure and expectations of DBT before beginning this approach.

Interpersonal Neurobiology: This approach integrates various scientific disciplines to understand how relationships and the brain influence one another. It may involve exploring early attachment patterns and their impact on current relationships. The Client will be informed about the concepts and techniques used in this approach and will provide consent before engaging in specific exercises.

Attachment Theory: Therapy based on Attachment Theory focuses on understanding and improving relationships by examining early attachment experiences and their impact on current behavior and relationships. The Therapist may use specific techniques to explore and strengthen the Client's attachment patterns. Informed consent will be obtained before using any techniques that delve deeply into past experiences.

Social Media Policy

Social media is a fantastic tool to help people get informed and engaged. The Therapist uses social media for the practice, and in an effort to be completely transparent, this social media policy has been created so that the Client understands how social media is used in the practice and how it could impact the Client and the therapeutic relationship.

Confidentiality:

- Confidentiality is of utmost importance. The Therapist must keep the therapeutic relationship confidential except in cases where the Client might harm themselves or others (see the Confidentiality section). If the Client posts on the Therapist's social media page, they are opening up the possibility of people inferring about their relationship or asking about their connection to the Therapist. The Client is encouraged to carefully consider what they reveal about themselves online.

Friending:

- To respect the Client's privacy and confidentiality, the Therapist does not accept friend requests on personal social networking sites from current or former clients.

Fanning:

- The Client may "like" the Therapist's professional Facebook page. However, if the Client "likes" the page, they are choosing to reveal that they are connected to the Therapist in some way. The Therapist will not engage in conversations with the Client on that page. The information on the Therapist's Facebook page is often available on the website as well.

Following:

- The Therapist may publish a blog on the practice's website and post psychology-related news on Twitter or Instagram. The Client is welcome to follow the Therapist's professional accounts at their discretion. However, the Therapist will not follow the Client back, as this could potentially breach confidentiality.

Interacting:

- The Client is advised not to use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact the Therapist. These platforms are not secure, and the

Therapist may not respond promptly. The best way to interact with the Therapist is via email or phone.

Use of Search Engines:

- The Therapist does not "Google" or otherwise search for information about clients online. If the Therapist comes across the Client's information online, they will disregard it to maintain the integrity of the therapeutic relationship.

Business Review Sites:

- The Therapist welcomes and appreciates testimonials and reviews from clients. However, if the Client chooses to write a review, they should be aware that they may be sharing personally revealing information in a public forum. The Therapist cannot respond to reviews due to confidentiality obligations. If the Client has feedback about their experience, it is encouraged that they bring it up directly in therapy sessions, as this can be an important part of the therapeutic process.

If you feel the Therapist has done something harmful or unethical and do not feel comfortable discussing it with the Therapist, you can always contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services provided. The Board of Behavioral Sciences can be reached at 1625 North Market Blvd., 2nd Floor, Suite S-200, Sacramento, CA 95834, (916) 574-7830, or by email at BBSWebmaster@dca.ca.gov. You can also file a complaint at https://app.dca.ca.gov/bbs/complaint_ssl.asp.

Acknowledgment

By signing below, the Client acknowledges that they have reviewed and fully understand the terms and conditions of this Agreement. The Client has discussed such terms and conditions with the Therapist and has had any questions regarding its terms and conditions answered to their satisfaction. The Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with the Therapist. Moreover, the Client agrees to hold the Therapist 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.

The Client also understands that they are responsible to the Therapist for all session charges and other charges as described above.

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Signature of Client (or authorized representative) _____ Date _____

Parent/Guardian Signature 1 _____ Date _____

Signature of Therapist _____ Date _____