



## Informed Consent for Psychotherapy Services

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Welcome to my practice!

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Please take time to read it carefully and let me know if you have any questions or need more information. When you sign this document, it will represent an agreement between us.

### CONFIDENTIALITY

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As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

**When Disclosure Is Required by Law:** Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony.

**Contact in Public:** If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Emergencies:** If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to

prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided during your intake as your Emergency Contact.

**Minors:** If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

**Health Insurance and Confidentiality of Records:** While I do not accept health insurance directly, you may consider requesting reimbursement from your health insurance provider. I am happy to provide you with a monthly Superbill that can be used for this purpose. Should you choose to seek reimbursement, your health insurance carrier may require disclosure of confidential information in order to process reimbursement claims. If your health insurance provider requires more information from me directly, once you have signed a Release of Confidential Information I will provide them with only the minimum necessary information, including diagnosis, the date and length of our appointments, and what services were provided.

**Confidentiality of E-mail, Voice mail and Text Communication:** Though I do my best to protect your confidentiality and security of the services I use, e-mail, voice mail, and text communication may be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please try to keep electronic communication limited to coordination of logistical details such as scheduling.

**Consultation:** I may consult with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, I believe it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will have you sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you.

**Release of Information:** Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

**Dual Relationships:** Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that may affect our work together, and I will do my

best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with me if you have any questions or concerns.

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### **QUALIFICATIONS**

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I received my Masters in Integral Counseling Psychology from the California Institute of Integral Studies in San Francisco in 2012. As an intern I worked extensively with LGBTQIA folks at the Pacific Center for Human Growth in Berkeley where I also received further training in working with clients involved in BDSM and/or participating in open relationships. In addition, I personally have over 15 years of direct experience in both those communities and relationship types as well. I am licensed as a Marriage and Family Therapist by the California Board of Behavioral Sciences.

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### **CLIENTS SERVED**

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I provide ongoing psychotherapy for adult individuals and couples in my office at 123 Bay Place, Suite 6 in Oakland, CA. At this time, I do not provide psychotherapy to families, groups, adolescents, or children. I also do not provide psychotherapy to those actively abusing substances or alcohol unless the client is concurrently in a substance abuse or alcohol recovery program for at least three months at the time of treatment start. I do not provide psychotherapy to couples actively experiencing domestic violence in their relationship. These areas are not currently within my scope of competence, though I am happy to provide referrals to services that will be able to better support these clients upon request.

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### **BENEFITS AND RISKS OF PSYCHOTHERAPY**

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Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc.

I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

**Cat Maness, MA, LMFT (MFC 92638)**  
Licensed Marriage and Family Therapist

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**By signing below I am agreeing that I have read, understood, and agree to Ms. Maness's Informed Consent for Psychotherapy Services. I understand that this document is available on Ms. Maness's website but that I may always request a hard copy if I am unable to access them.**

**Client 1:**

Printed Legal Name:

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Client Signature

Date

**Client 2:**

Printed Legal Name:

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Client Signature

Date

**Therapist:**

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Cat Maness, MA, LMFT (MFC 92638)  
*Licensed Marriage and Family Therapist*

Date