

Disclosure Statement and Treatment Agreement

Welcome! I'm Silvia DaRe, Licensed Marriage and Family Therapist in the state of Massachusetts. I have a Bachelor degree in Psychology, Master degree in Clinical Psychology, and a Master degree in Marriage and Family Therapy. I started my career as a Marriage and Family Therapist in 2010. I worked as researcher in a cancer hospital, as couple, family and individual therapist, and counselor in women services. I have an extensive experience in Intimate Partner Violence Issues (also known as Domestic Violence); I worked as social worker in Child Welfare, and as school therapist.

We take this journey together. You are responsible for setting your goals and working toward change outside of the therapy hour as well as during it. My role is to educate and support you during this period of change. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them. I see you as the one who sets the course for your own life and as the responsible for the decisions and life changes that you make. I may, at various times, make suggestions and give advice, but of course, you are in control of what choices you make and how you implement them.

Course of Treatment: Counseling or therapy can have benefits and risks. You may find that therapy provides immediate relief within a short amount of time, or that the work is difficult, sometimes painful, and ongoing over a significant amount of time. These experiences are normal, and it is my intention to provide you with the best opportunity for your individual growth and healing. ***Our first few sessions may be evaluative in nature*** and may include contact with referral sources, physicians, other therapists, or family members (only with your written permission). ***Once my initial evaluation is complete, we will mutually discuss treatment goals, methods, and anticipated length of treatment.*** You always have the right to request a change in treatment or to refuse treatment. It is important that what we do together meets your needs. Your participation in therapy is fully voluntary. ***If you believe you are not being helped, please tell me so that we can work through the difficulty together.*** If we are unable to do so, I will assist you in finding another therapist.

Confidentiality: All information discussed during therapy is strictly confidential. Conformable with the law information regarding treatment or evaluation may only be released with the written consent of the person treated or the person's parent or guardian. In order to provide ethical and professional services, I regularly consult with clinical supervisors and professional colleagues. If I consult with another professional regarding your case, all information will be kept strictly confidential and within the consultation. Each time you receive services, a record of your visit is made. This record may describe

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your condition, diagnoses, treatments and/or a plan for future care. Health information such as test results, medications and information obtained by your provider will be recorded. I **MUST** obtain your written authorization for uses and disclosures of your health information, except as described below in this Notice.

Limits to confidentiality:

1. If I believe that you are at imminent risk of harming yourself or another person
2. If there is evidence or suspicion of physical or sexual abuse or neglect on a minor, on a developmentally disabled or vulnerable person, or on an elderly person
3. If a judge orders certain information disclosed in a legal proceeding
4. Emergencies (In cases of emergency, please call 911 or go to the nearest emergency room).

Visit: Agreement to Treatment form and HIPAA Notice of Privacy Practices Acknowledgment, <https://www.hhs.gov/hipaa/for-individuals/index.html> to understand your rights.

Fees and Payments: The typical **couple/family** session lasts 60 minutes (1 hour) and takes place once every other week. Depending on each client's needs, sessions may be scheduled more or less frequently. The cost is \$175 per 60-minute session.

The typical **individual** session lasts 45 minutes and takes place weekly. Depending on each client's needs, sessions may be scheduled more or less frequently. The cost is \$150 per 45-minute session.

Payment: Cash, Zelle, Venmo, or checks are accepted, and **payment is due at the end of the session**. In case of any outstanding balance no further sessions will be scheduled until paid in full.

As an out of network provider, I **do not accept insurance**; however, I can provide you with a Super Bill and you can ask your insurance for reimbursement (this can vary based on insurance plans).

Cancellations: Please notify me by phone-call 48 hours before your scheduled appointment. Because your time is specifically reserved for you, cancellations less than 48 hours in advance will result in a charge of your full fee for the missed session.

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Client Consent to Treatment

I have read and understand this Disclosure Statement and Treatment Agreement, or have had satisfactorily explained to me Silvia DaRe LMFT's Disclosure and Treatment Agreement. I have asked any questions that I had about this statement, and about statements regarding fees and payment policies. (For clients under the age of 13, consent must be given and this form signed, by a parent or legal guardian).

I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to be in therapy under the terms described above with Silvia DaRe, LMFT and understand that I have the right to terminate therapy at any time I desire.

My signature below indicates that I have received a copy of this agreement.

Client Signature Date _____

Client Signature..... Date _____

Therapist Signature..... Date _____