

Toni Rey, MS  
Licensed Marriage and Family Therapist  
MFT#84608  
133 D Street Suite J  
Davis, CA 95616  
916.396.3497

**COUPLES THERAPY  
CONSENT TO TREATMENT & FINANCIAL AGREEMENT**

**INTRODUCTION:**

This Agreement is intended to provide important information regarding the practices, policies and procedures of Toni Rey, LMFT, (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Clients. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

**Therapist Background and Qualifications**

Therapist is a licensed marriage and family therapist (LMFT), with a Master of Science degree in Marriage, Family, Child Counseling from CSUS, Sacramento. In addition, therapist has a Master of Arts degree from UC Davis in school psychology. Therapist's theoretical orientation is integrative, combining aspects of psychodynamic, attachment, cognitive behavioral, relational, family systems, client-centered, strength-based, and existential theories; approach is customized to the specific needs of the client.

**Risks and Benefits of Therapy**

Psychotherapy is a process in which Therapist and Clients discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Clients can experience their lives more fully. It provides an opportunity to better, and more deeply understand oneself, as well as any problems or difficulties Clients may be experiencing. Psychotherapy is a joint effort between Clients and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Clients, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Clients, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Clients' perceptions and assumptions, and offer different perspectives. The issues presented by Clients may result in unintended outcomes, including changes in

personal relationships. Clients should be aware that any decision on the status of their personal relationships is the responsibility of Clients.

During the therapeutic process, clients sometimes find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Clients should address any concerns they have regarding their progress in therapy with Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Clients.

### **Records and Record Keeping**

Therapist may take notes during session, and will also produce other notes and records regarding Clients' treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any Client. Should Clients request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Clients with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Clients' records for seven years following termination of therapy.

### **Confidentiality**

The information disclosed by Clients is generally confidential and will not be released to any third party without written authorization from Clients, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when a Client makes a serious threat of violence towards a reasonably identifiable victim, or when a Client is dangerous to him/herself or the person or property of another.

### **Client Litigation**

Therapist will not voluntarily participate in any litigation or custody dispute in which Clients and another individual, or entity, are parties. Therapist has a policy of not communicating with Clients' attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Clients' legal matters. 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 Clients, Clients agree to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such an appearance at Therapist's usual and customary hourly rate.

### **Psychotherapist-Client Privilege**

The information disclosed by Clients, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the

special relationship between Therapist and Clients in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the Client is the holder of the psychotherapist-client privilege. If Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-client privilege on Clients' behalf until instructed, in writing, to do otherwise by Clients or Clients representative. Client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

### **Fee and Fee Arrangements**

The usual and customary fee for service is \$160 per 50-minute session. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Clients will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payors, or by agreement with Therapist. The agreed upon fee between Therapist and Clients is \$160. From time-to-time, Therapist may engage in telephone contact with Clients for purposes other than scheduling sessions. Clients are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Clients' request and with Clients' advance written authorization. Clients are responsible for payment of the agreed-upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. Clients are expected to pay for services at the time services are rendered. Therapist accepts cash checks, and Zelle electronic fund transfers.

### **Insurance**

Therapist is not a contracted provider with any insurance company or managed care organization. Should Clients choose to use their insurance, Therapist will provide Clients with a statement, which Clients can submit to the third-party of their choice to seek reimbursement of fees already paid.

### **Cancellation Policy**

Clients are responsible for payment of the agreed upon fee for any missed session(s). Clients are also responsible for payment of the agreed upon fee for any session(s) for which Clients failed to give Therapist at least 24 hours' notice of cancellation. Cancellation notice should be left on Therapist's voice mail at 916.396.3497.

### **Therapist Availability**

Therapist's phone is equipped with a confidential voice mail system that allows clients to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911 or the crisis line (530) 756-5000, or go to the nearest emergency room.

### **Termination of Therapy**

The length of your treatment and the timing of the eventual termination of treatment depend on the specifics of Clients' treatment plan and the progress they achieve. It is a

good idea to plan for termination in collaboration with Therapist. Therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. Therapist reserves the right to terminate therapy at her 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, excessive cancellations, Clients' needs are outside of Therapist's scope of competence or practice, or Clients are not making adequate progress in therapy. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Clients. Clients have the right to terminate therapy at their discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Clients participate in at least one, or possibly 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.

**Acknowledgement**

***All sessions will be conducted wearing masks for in-person sessions, or via telehealth for the duration of the necessity for Covid19 precautions.***

By signing below, Clients acknowledge that they have reviewed and fully understand the terms and conditions of this Agreement. Clients have discussed such terms and conditions with Therapist, and have had any questions with regard to its terms and conditions answered to Clients' satisfaction. Clients agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with Therapist. Moreover, Clients agree to hold 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.

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I have read and understand the above contract. I voluntarily agree to treatment with Toni Rey, MS, LMFT.

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Signature of Client

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Date

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Signature of Client

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Date

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Toni Rey, LMFT

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Date

I have access to the Protected Health Information Notice of Privacy Practices.

[https://static1.squarespace.com/static/54baf537e4b07e92250214f4/1/54d01323e4b0007eaa9c943/1422922531934/Notice\\_of\\_Privacy\\_Practices\\_and\\_Psychotherapy\\_Notes.pdf](https://static1.squarespace.com/static/54baf537e4b07e92250214f4/1/54d01323e4b0007eaa9c943/1422922531934/Notice_of_Privacy_Practices_and_Psychotherapy_Notes.pdf)

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