



Elizabeth Armstrong, MA LMFT #111154
2900 Bristol Street, Suite C-208
Costa Mesa, CA 92626
949-444-3899
elizabetharmstrongtherapy@gmail.com
www.growingbrightertherapy.com

Welcome to my practice. It is an honor to be a companion on your life journey. I would like to take a moment to go over with you my approach to our working together, office policies, and legal and ethical ways you will be cared for.

My hope is to provide you an open and safe space for you to discuss any concerns, ask questions, and provide feedback to me on our working relationship. After we go over this informed consent, the door is always open to communicate your needs and to receive the best care possible.

Therapy Structure

Our relationship is a collaborative one. You are the expert on your life; I am your guide for positive change. You will hold the reins on how structured, goal-oriented, or free flowing our time together will be.

As your guide I will not be sitting idly by, I but will be an active participant in tailoring therapy to meet your specific needs; this may be done through active listening, carefully constructed meaningful questions, therapeutic activities, and provision of supplemental resources. Regardless of what approach we take on any given day, you will be met with warmth, kindness, understanding, non-judgment, and unconditional positive regard.

Resources/Referrals

As part of our work together I may provide you with resources. This may be something to read, an activity to complete, or an outside provider that enhances our work together. While I believe this practice can provide a more holistic experience, this is not homework or a requirement of your therapy. Therapy is tailored to fit your needs; I appreciate and welcome feedback on what resources you find helpful.

Therapy Environment

I believe that environment affects our mood. I strive to create a space that is comfortable and welcoming. Coffee, tea, and sparkling water are provided, as well as a comfy couch with access to pillows, blankets, and sensory items. I will also check with you regarding lighting, temperature, and candles. Please do not hesitate to communicate with me if there is something I can do to make the environment more pleasant.

Therapy Frequency

Your therapy journey is a unique one. The duration and frequency of therapy will depend upon your specific needs. Typically, I recommend weekly or bi-weekly therapy to start. Sessions may decrease in frequency over time. You may find what you've been seeking in a brief time and chose to discontinue, or you may find that regular therapy fits your needs as part of your self-care. You are never beholden to participate in any number of sessions; with that being said, positive change often occurs through a process, not instantaneously. If/when you are ready to terminate therapy or take a hiatus; please let me know, so we can schedule a parting session. This is beneficial to review previous goals and concerns, and to note gains and skills that you may incorporate into your daily life.

Unit of Treatment

As a systems therapist, it is within my scope and skill to provide you with both individual and family therapy. Should you like to bring an important person in the room for couple or family work, please discuss and schedule with me prior. If you would best be served by a referral to another therapist, I will discuss options with you.

Confidentiality

The relationship between us, and information and disclosures made by you are confidential by law. I will not release information about you including your identity as a client, without your written consent. The limitations to confidentiality include—child, elder, or dependent persons abuse, if there is a clear and present danger to self or identifiable other, if mandated by a court order, or if a diagnosis is required by an insurance provider.

Fees/Insurance

Fee for therapy service is \$150 for each 55 minutes session. Session fee is due at the time of service. Cash, check, or credit cards are all accepted forms of payment. For your convenience, you may choose to keep a credit card authorization in your confidential client.

I do not bill insurance directly. Upon request, I can provide you with receipts to submit to your provider, this is typically done monthly. Please check with your carrier regarding your benefits for mental health coverage and reimbursement.

Cancellation Policy

Your appointment time is reserved especially for you. I require a MINIMUM OF 24 HOURS notice for cancellation or reschedule. Due to the nature of specialized care, I see a maximum of eight patients per day. If you do not attend your session, not only will we not have the consistency required to achieve your best care, but it also takes appointment availability away from other patients who would like the time.

I understand that illness, work, children, and emergencies, can get in the way of our commitments—because of this, I offer every client ONE FREE cancellation/reschedule that takes place less than 24 hours before your scheduled time. Beyond one late cancel/reschedule, you will be charged 100% of your therapy fee for missed appointments or late cancellations.

*ALL CLIENTS PLEASE INITIAL BELOW

I understand that I will be charged 100% of my therapy fee for missed appointments or cancellations with less than 24 hours notice _____

Office Hours/Therapist Availability

Therapy sessions are by appointment only. Please schedule your appointment by phone or text, 949-444-3899, by email, elizabetharmstrongtherapy.com, or in office following a visit.

My office hours are currently as follows:

Sunday 10am-3pm

Monday 10am-8pm

Tuesday 3pm-9pm

Wednesday 10am-8pm

(Hours are subject to change)

You are welcome to contact me anytime outside of my office hours for scheduling purposes, I will reply to you as soon as possible. Unless we have an agreed upon session scheduled for teletherapy, I cannot provide you with services beyond scheduling appointments by text or email; this is both to ethically protect our

therapeutic relationship and your privacy. Confidentiality cannot necessarily be assured through electronic devices.

Litigation

Please be advised that I do not participate in person, by phone or in writing to any court related matter that a client may be a party to or become a party to in any way. I do not write letters regarding their client's treatment to any entity, including court. At no time will I offer an opinion or recommendation in any court matter, especially as it relates to custody. If a court order is served and is requesting that I be present in person and or there is a request for records, the client's consent will be requested before turning over confidential information. When obtaining this consent, the client will be told exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This includes a client's mental health history; current status and inclusive records and may not be in the best interest of the client. The therapist client relationship does not render the therapist as an advocate.

Court Policy & Fees

Please be advised that should I be ordered by court to write a letter to the court, the time shall be billed at \$200 per hour. Please be advised that should I be court ordered to appear in court, the fee stipulation is as follows:

- \$2,000 per day plus \$200 per hour for travel to and from the court.
- \$200 per hour for preparation

I will NOT be ON-CALL at anytime. Should a case be continued, the therapist will be paid in full for each day as well as an additional \$1,000 per day as it hinders the therapist's ability to be available to their other clients. All court fees must be received by cashier's check 7 days prior to the court date. Should the court calendar the hearing for another date, the therapist must be re-issued a new subpoena with the new court hearing date. Should the therapist be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Teletherapy

Depending on your therapy needs, I may be able to provide you with teletherapy via FaceTime or phone. This is typically most appropriate if you are traveling or have a temporary reason you cannot leave your residence. Please note that I will take all measures possible to ensure confidentiality if we conduct a teletherapy session, but I cannot guarantee the same level of privacy versus in person meetings. If you are interested in teletherapy, please discuss with me so we can determine if it most appropriate for your needs.

I have read and understand all information provided in this informed consent

Client Signature Date

Second Client Signature (couple or family work) Date

Third Client Signature (couple or family work) Date

Fourth Client Signature (couple or family work) Date