

Kelli Olds MA, HHP LMFT #98178  
826 2<sup>nd</sup> Street ~ Encinitas, CA 92024  
[kelli.olds@gmail.com](mailto:kelli.olds@gmail.com)

## **CLIENT INFORMATION SHEET AND CONSENT FOR TREATMENT**

### **Confidentiality**

Psychotherapy is designed to be a safe place for you to talk about any personal issues you choose to explore. Please know that whatever we discuss in psychotherapy is legally held as private and confidential. This means that I will not divulge anything you tell me to anyone except in either of the following conditions:

a) You give me your permission to talk to another, such as a health-care professional who is providing you treatment.

b) You tell me something that I am legally required to reveal to others. For example, California psychotherapists are required to report cases of suspected child abuse or elder abuse, or when a client poses a threat to herself/himself or others.

In addition, a federal law known as The Patriot Act of 2001 requires therapists and others in certain circumstances to provide the FBI with client records and other items, and can prohibit the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Also, from time to time I consult with other licensed, experienced therapists on how I can better help my clients. These consultants are bound by the same laws of confidentiality outlined here.

### **The nature of psychotherapy**

Therapy works best when you are an active partner in the process, so please know that I welcome your feedback or questions about our work at any time. Participating in therapy may result in benefits including but not limited to: improved interpersonal relationships; reduced stress and anxiety; better communication with loved ones; increased capacity for intimacy; a decrease in negative thoughts and self-sabotaging behaviors; increased comfort in social, work, and family settings; increased self-confidence and self-acceptance; greater ability to experience life more fully; more balance in life; and deeper self-awareness. Such benefits may require substantial effort on your part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors as needed. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may involve discomfort, including discussing difficult feelings and experiences, and may evoke strong emotions, including anger, sadness, and fear. During the therapeutic process, many clients find that they may initially 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 while slow or frustrating at other times. You may also at times feel conflicted about attending sessions. If this is the case, I urge you to bring up your concerns so that we can address them. The process of therapy may sometimes result in unanticipated outcomes, such as changes in personal or career relationships and goals. Please be aware that any decisions about your relationships, personal life, or work life are your responsibility.

### **My Training and Approach to Therapy**

I have a Masters degree in Counseling Psychology from National University. I am a Licensed Marriage and Family Therapist Registered in California. I meet regularly with a consultation group to discuss cases and client concerns (identity kept confidential) to get guidance and advice as necessary. My areas of special training and expertise include individual and couples therapy, relationship and communication problems, clinical hypnotherapy, women's issues, disordered

eating and body image issues, divorce coaching and post divorce therapy, life transitions, emotional issues, and stress and anxiety. My primary approach to therapy is holistic, collaborative, solution focused, and humanistic in style. I put a high value on the quality of our client-therapist relationship.

**Completion of Therapy**

The length of your therapy depends on the specifics of your situation and the progress we achieve. As we approach the completion of your goals, I will discuss with you a plan for ending therapy. If during therapy you come to feel that the issues for which you are seeking therapy are not being satisfactorily addressed and you wish to see another therapist, I will offer you referrals to other therapists to assist in a smooth transition if you desire. If it becomes clear to me that you are not benefitting from our work together, I am ethically bound to stop treating you, and I will provide you with referrals to other sources for therapy. You may discontinue therapy at any time. Should you choose to end your therapy, I will generally recommend that we meet for at least one final visit to facilitate a positive termination experience and give us an opportunity to reflect on the work that has been done.

**Fees and cancellation policy**

Therapy sessions are normally 50 minutes long. My fee is \$130 for 50 minutes, payable each session by check, cash, or credit card (MasterCard/Visa/American Express). Longer sessions are pro-rated at the \$130-per-hour rate. There is no charge for brief phone calls (up to five minutes), but longer phone sessions with you or with any professionals or others you ask me to speak with on your behalf are subject to a charge based on the length of the call. When we schedule an appointment, that time is reserved especially and entirely for you. Therefore, if you need to cancel an appointment, please let me know at least 24 hours in advance; otherwise, I will have to charge you for the missed session since I will not be able to fill the appointment time on short notice.

**Therapist availability**

You can leave messages for me anytime and I normally return phone calls/texts within one business day. In a life-threatening emergency, call 911 immediately.

Your signature indicates that you have read this agreement carefully and understand its contents. Please ask me to address any questions or concerns that you have about this information before you sign!

I, \_\_\_\_\_ agree to these conditions.  
**Name of Client (Please Print)**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Date**