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Living Springs Psychotherapeutic Services
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Informed Consent and Office Policies

Welcome to my office! This informed consent is presented to you in addition to the notice of privacy practices that you have received. This agreement authorizes you and me, Scott Murdock Williams, PhD, LMFT, to enter into a psychotherapeutic relationship. I have been a licensed Marriage and Family Therapist since 1984. I work predominately with individuals and families who desire to achieve greater mental, relational, physical, and spiritual health. My educational background includes earning a Ph.D. in Psychology from Northcentral University in 2010. My doctoral dissertation investigated The Relationship among Family Cohesion, Gender, Level of Acculturation, and Depression in Latino Adolescents. My M.A. in Marriage and Family Therapy from Azusa Pacific University in 1982 was my educational foundation to prepare me for licensure as a LMFT. In 1977 I was awarded a B.A. in Economics from the University of California, Santa Barbara. Additional ongoing education includes a minimum of 36 units of continuing units every two years as required by the Board of Behavioral Sciences here in California. My clinical work is enhanced by my role as an academic educator since 1994 at California State University, Northridge. Courses I currently teach or have taught include Marriage and Family Relations, Family Theories, Human Sexuality, Adolescents in the Family, Child Development, The Helping Professional, Current Research in Family Studies, and Research Methods. My primary theoretical orientation is Family Systems Theory, which emphasizes the whole family as an interactive system comprised of sub-systems and individuals.

CONFIDENTIALITY: The information disclosed by you in psychotherapy (including your patient records) is generally confidential and will not be released to any third party without your written authorization, except when required or permitted by law.

EXCEPTIONS: Exceptions to confidentiality, include, but are not limited to, reporting child, elder, and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another. Disclosure may also be required if you are involved in a legal proceeding initiated by you or filed against you. If you place your mental status at issue in litigation, the other party may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and family therapy, confidentiality and privilege do not apply between the couple or among family members, since I have a no secrets policy. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of my profession require that I keep treatment records for at least 7-years. Unless otherwise agreed to be necessary, I retain clinical records only as long as is mandated by California State law. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assesses that releasing such information might be harmful in any way. In such a case, I will provide the

records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way. As mentioned above, when more than one client is involved in treatment, I will release records only with signed authorizations from all the adults who can legally authorize a release.

HEALTH INSURANCE EXCEPTION TO CONFIDENTIALITY: Although I am not on any insurance panels, if you choose to bill your own insurance company, disclosure of confidential information will be required by your health insurance carrier in order to process the claims. If you instruct me to provide you with a statement to bill your insurance, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information once I release it.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: To protect your confidentiality, my laptop is equipped with a firewall, a virus protection, and a password, and I back up all confidential information from my computer on a regular basis onto an encrypted hard-drive. It is very important to be aware that computers, unencrypted e-mail and text communication can be relatively easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication due to the fact that servers or communication companies may have unlimited and direct access to all e-mails and texts that go through them. While data on my laptop is encrypted, e-mails and text messages are not. It is always a possibility that texts, email, and faxes can be sent erroneously to the wrong address and computers. Unencrypted email or text provides as much privacy as a postcard. Please notify me in writing if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, and phone messages. If you communicate confidential or private information via unencrypted e-mail, texts, fax, or via phone messages, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted.

RISKS AND BENEFITS OF THERAPY: The therapeutic encounter can be a life changing experience depending on numerous factors including the therapeutic match, the skill and experience of the therapist, and your willingness to fully participate in the process. Coming to appointments regularly also enhances the therapeutic process. Some of the benefits include a greater self understanding, an increased reflective capacity, improved relationships with loved ones, and an enhanced sense of well-being. Sometimes therapy results in changes that you might not have expected or anticipated, such as a change of job, or relationship changes. You and some of the people in your life may find this a positive change, and others may not. Because therapy involves talking about past and present struggles and experiences, there are times when it can be a painful process. Many times people feel worse before they begin to feel better; this is a common occurrence. However eventually you should begin to see improvement and if not, you and your therapist will discuss other alternative treatments, or referrals to other practitioners who may help to meet your needs. There are many forms of therapy to treat common problems and another type of therapy may be better suited to meet your needs. It is important to discuss any concerns or questions you may have about your therapy with your therapist so we can decide together what would be best for you.

FEES: The hourly rate at Living Springs is \$150.00 for a 50-minute session. Payment is due at the time of services. It saves time for your therapy hour to have your check made out prior to your session. Extended sessions are sometimes asked for and needed and are charged on a pro rated basis for every

15 minutes based on the \$150.00 fee. Phone calls (other than standard scheduling or business calls) are also sometimes requested and needed. They are also charged at the same pro-rated rate. You will be required to pay for your phone session at your next scheduled appointment. Site visits, writing and reading of reports, consultation with other professionals, release of information, and reading records will be charged at the same rate with your prior knowledge and agreement.

CANCELLATION POLICY: The time that we agree to meet is set aside and saved for you. If you have to cancel for any reason (except for a true unforeseen emergency) a 24-hour notice is required to avoid being charged the full fee for your missed appointment. **THIS POLICY IS STRICTLY ADHERED TO!**

OUT OF SESSION CONTACT AND EMERGENCIES: If you have an urgent matter that cannot wait until your next scheduled appointment, call my voicemail AND leave an email, I will do everything I can to see you as soon as possible. If this is not feasible, we can schedule a phone session (charged at the same rate as mentioned above). Voicemail and emails are checked during normal business hours and days. If you have a true emergency, please call 9-1-1, the Los Angeles 24-hour Crisis Hotline at (800) 854-7771, or go to your nearest emergency room. We are not set up as a 24-hour crisis hotline.

I have read the above Informed Consent and Office Policies carefully. I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____

Date _____

Psychotherapist's Name (print) _____

Signature _____

Date _____