

Informed Consent

Monica Kieffer, DO, LMFT

Monica Kieffer, DO, LMFT is both an osteopathic physician and a licensed Marriage and Family Therapist. It is Dr. Kieffer's intention to provide separate appointments for psychotherapy and osteopathic medicine. Dr. Kieffer is available during office hours at (760) 436-6882 and emergency only on her cell (760) 310-7166.

Psychotherapy appointments are scheduled for 50-55 minutes. The fee for this amount of time is \$150. Longer sessions will be charged at the same hourly rate. Twenty-four hours are expected for cancellations. Payment is required at the time of service.

Confidentiality: Legally counseling is privileged communication between you and Dr. Kieffer. Within certain legal limits information revealed by you during therapy will be kept confidential. The exceptions are:

1. Revealing to me child abuse or neglect
2. Informing me of elder, dependent adult or disabled adult abuse.
3. If you seriously threaten to cause harm or death to another person.
4. If you seriously threaten to harm yourself or commit suicide.
5. If you are in therapy as ordered by the court, this information must be revealed to the court.
6. If you are in a lawsuit claiming emotional harm
7. If the court orders records

Dr. Kieffer and staff will release information from counseling sessions to outside parties **only** at the request of the patient.

Record storage: Counseling records will be maintained by Dr. Kieffer for seven years after the date of the last contact.

Client Rights:

You have the right to

-Review Dr. Kieffer's credentials

-Terminate counseling at any time

-Ask questions about counseling techniques and strategies

-Participate in setting goals and evaluating progress

-Know the content of your records at any time. I have the right to provide you with a complete record or a summary.

-Ask me to release any part of your records to any person you specify. I will tell you at that time if I think that releasing the records is in your best interest or if it may be harmful to you.

Client Responsibilities

- Actively participate in therapy
- Arrive on time for your counseling session
- Give 24 hour notice of appointment cancellations

I, _____, have read and understood the above information and I have had the opportunity to ask question about it. I agree to these conditions for beginning counseling with Dr. Kieffer.

Signature

Date

Witness

Date