



Dr. Dianna Troutt, LMFT
1151 Dove Street #113
Newport Beach, CA 92660
714-423-3533
Lic. #MFC30977

Client's Date of Birth ____/____/____

Client Name _____ Home # (____) _____ Cell # (____) _____ Wk # (____) _____

Address _____ City _____ State ____ Zip _____

Insured's Name _____

Insured's Employer _____ Insured's Date of Birth ____/____/____ Insurance Co _____

Policy Number _____ Group Number _____

Emergency Contact Name _____ Home # _____ Cell # _____

Address _____ City _____ State ____ Zip _____

Informed Consent and Agreement for Services

Seeking therapy is an important step of personal growth, and this agreement has been designed to provide you with important information to promote a successful therapy experience. Please read it carefully and feel free to ask any questions you have. **Dr. Dianna Troutt, LMFT** is a licensed as a Marriage and Family Therapist in California with a Masters Degree in Counseling Psychology a doctorate in Psychology. She has been in private practice for over 25 years. You are free to ask questions at any time about her background and experience. As the patient, you have the right to ask your therapist questions at any time about the process, methods being used, and your progress in therapy. She will treat you with respect, discuss your feelings, and explain things in a way you can understand.

It is your therapist's intention to provide services that will assist you in reaching your goals, and she sees therapists and clients as partners in the therapeutic process. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. While there are no guarantees, therapy will often help you feel better and produce beneficial results. You will know that therapy is working as you feel less worried or anxious about a problem, problems are being resolved, relationships are improving, or you start feeling better about yourself. However, some people can feel worse or have an increase in symptoms like anxiety or depression before feeling better. Sometimes, new problems can arise. It is important that you bring up any concerns, symptoms, or feelings that come up with your therapist so that your therapist can do an ongoing assessment of your situation and design the best treatment plan for you. She will do her best to address your concerns in a respectful, caring way. Your therapist will also discuss or recommend including other professionals in your treatment, as appropriate, as she does not give medical advice or prescribe medication.

_____ My initial here states that I have read, understand, and agree to this section.

Agreement for Appointments/ Cancellation Policies

Therapy sessions are typically **50 minutes long**. The remainder of the hour is spent maintaining therapy notes, as required by law, or making phone calls as needed. Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. You also have the right to access your records of your sessions as defined by state law.

Your appointment time is reserved exclusively for you, so it important to keep track of your appointments and make them a priority, as your therapist will not typically give you a reminder. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs. before your appointment time. ***If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for the full fee for a missed session.*** Please understand that your insurance company will not pay for missed or cancelled sessions.

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Fees/Insurance

The fee per session is \$_____ per session, and payment is due at each session. For your convenience, your therapist accepts cash, check, or Visa/MasterCard. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. Also, if you encounter a problem with the payment of fees, it is important to discuss it with your therapist immediately. She will then help you consider various options that will be available to you.

Because your therapist is considered "out of network" your therapist can also provide you with a written receipt called a "superbill" that can be submitted. As a courtesy, your therapist/provider will bill your insurance. Please inform your therapist if you wish to utilize health insurance for her services. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable

mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist is happy to assist your efforts to seek insurance reimbursement, she is unable to guarantee whether your insurance will provide payment for the services provided to you. Also, sometimes the initial phone quote differs from the way the claim is actually later processed. Therefore, you are responsible for any unpaid fees your insurance does not cover. You also agree to assist and cooperate with any third-party payers, and if you receive any third-party payments for the provider portion, you agree to turn those over to the therapist portion as soon as possible. Please discuss any questions or concerns that you may have about this with your therapist. ****By using your insurance, you consent for your therapist to release any and all confidential healthcare information regarding your diagnoses and claims to the insurance company and you assign your benefits to Dr. Dianna Troutt, LMFT for the provider portion.** _____ My initial here states that I have read, understand, and agree to this section.

Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment, such as for insurance claims processing. There are other exceptions to confidentiality. For example, therapists are required to report instances of suspected child, elder abuse, or dependent adult abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself to keep that person safe. Please bring up any questions about confidentiality.

If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment to others outside of the treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist has your permission to use information obtained in joint or individual sessions that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about her written “no secrets” policy and how it may apply to you. _____ My initial here states that I have read, understand, and agree to this section.

Therapist Availability / Emergencies

Occasionally, an urgent situation may arise when you need to contact your therapist between sessions for consultation. Please reserve this option for truly urgent matters. These contacts are usually brief, as it is best to handle matters in an actual session. You may leave a message for your therapist at any time on his/her confidential voicemail or her cell number 714-423-3533. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call & the best way to reach you. **Between session phone calls are billed at the session rate, or prorated if shorter than 50 min.**

Please realize that your therapist may not always be available in the late evening or on weekends, but will do her best to return your call as soon as possible. Also, your therapist does not answer her phone when she is with other patients. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist’s voicemail. ****In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.** _____ My initial here states that I have read, understand, and agree to this section.

Length of Therapy /Termination of Therapy

Because each person's situation is different, it is impossible to predict the length of therapy or to guarantee a particular result. In my experience, some problems can be addressed in a few sessions, while some require a longer course of treatment. Generally, the more you put into the experience and use the tools we discuss *between* sessions, the more quickly you will meet your goals. If you ever get discouraged or aren't sure you are making progress, you are encouraged to discuss these concerns with your therapist. Possible solutions include modifying our treatment plan, including other resources, or referring you to another therapist that is a better fit.

You are always free to stop therapy at any time, but are encouraged to discuss your thoughts about stopping with your therapist so that we can discuss it together. If you have met with your therapist for more than a few months, it is important that you meet with your therapist at least once before stopping. Sometimes people want to quit because of the difficult material discussed in therapy, so it important to include your therapist in the decision. Perhaps we can approach things in a different way so you can continue. _____ My initial here states that I have read, understand, and agree to this section.

In conclusion, I have read, understood, and agree to all terms and conditions. I understand all the risks and benefits of treatment and give my informed consent and wish to proceed with therapy. I have a right to a copy of this agreement.

Date Signature of Client Printed Name

I also acknowledge I have received or been offered a copy of Dr. Dianna Troutt's Notice of Privacy Practices and know that she abides by the requirements of a HIPAA provider. It is available on her website diannatroutt.com.

Date Signature of Client Printed Name

As the therapist, I have discussed the above issues with my client. My observations of this person's behaviors and responses give me no reason to believe that he or she is not fully competent to give informed and willing consent to treatment.

Date Signature of Therapist Printed Name