

**Michaela Tork, LMFT, MFC # 46882**  
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818 760-1372, michaela@michaelatork.com

### **INFORMED CONSENT**

#### **Therapeutic Services**

Sessions typically last 45 - 50 minutes. Psychotherapy may result in a number of benefits. Achieving these benefits, however, requires effort on the client's part and his/her active involvement, honesty and openness in order to effect change. Duration of treatment will depend on your needs, your treatment goals, and other factors related to your treatment responsibilities. As with any type of growth or change process, individual factors can significantly impact the rate and the degree of effectiveness of the therapeutic process.

#### **Cancellation Policy**

The scheduling of an appointment involves the reservation of time specifically for you. Thus, if you miss a session without canceling, or cancel with less than **48 hours** or **two business days advance notice** you still need to pay the full fee for your reserved session time since I won't be able to schedule someone else during your reserved time. If you are an insurance member you will need to pay the full provider fee and not just your co-pay. This is because insurance carriers do not reimburse me for missed sessions.

#### **Privacy and Confidentiality**

All therapy sessions are strictly confidential. There are specific situations in which a Marriage and Family Therapist is mandated or permitted by law to reveal information obtained during therapy to another person(s) or agencies without your permission. Exceptions to confidentiality are: Child Abuse, Adult/Elder Abuse, and Danger to self or others.

#### **Record-keeping.**

I keep very brief records regarding your treatment that include noting the times we met and your billing records. The confidentiality of these records is closely safeguarded.

#### **Emergency Procedures**

Should you feel that your situation requires immediate attention, you may leave a confidential message on my voicemail: 818 760 1372. I usually respond within the same day. If you feel that you are in crisis and I am not immediately available go to your nearest emergency center or call 9-1-1.

### **AGREEMENT FOR SERVICES**

I have read, understand, and agree to the policies and procedures described above.  
\_\_\_\_\_ (initial)

I understand that a **48-hour notice** or **two business days advance notice** is required for cancellation of my scheduled appointments. \_\_\_\_\_ (initial)

I agree to pay the full fee for any missed appointments or late cancellations.  
\_\_\_\_\_ (initial)

By signing below, I consent to psychotherapy with Michaela Tork.

**Printed Name**

**Signature**

**Date**

