



Mark Tinley, LMFT

Licensed Marriage & Family Therapist – License # 52487

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Informed Consent

This letter explains some important aspects of how I work and my obligations to you.

Nature of the Service: Psychotherapy is intended to reduce or eliminate psychological symptoms and to improve occupational and social functioning. Psychotherapy is not meant to replace necessary medical interventions. This work often leads to substantial improvement, though the process itself may be uncomfortable at times. You may decide to make changes in your life as a result of the awareness you gain from your experience in therapy. Those changes could affect your relationships or your occupation. Your consent to participate in psychotherapeutic treatment should take into consideration the nature of the service and its potential benefits and risks. While there are no guarantees, commitment and effort both during and between sessions will increase the chances for the most successful outcomes.

Payment and Fees: Standard sessions are 50 minutes in length and the frequency varies depending upon your needs. My fee is \$_____ per each standard session for individuals and couples. If we agree that there is a need for a longer session, the fee will be pro-rated. It is customary to pay for the service at the time of each session. I do not accept payment from insurance companies.

Contacting Me: You can leave a message for me on my office phone and I will return your call within 24 hours. If you are having a psychiatric or medical emergency call 911.

Appointments and Cancellation Policy: Appointment times are reserved for you in advance. If you miss your appointment or cancel less than 24 hours in advance, you will be charged for the missed session.

Confidentiality: Information you reveal in the course of your treatment will remain confidential unless I am required by law to disclose it (e.g., where there is reasonable suspicion of child, dependent adult or elder abuse, when you pose a danger to others or when you pose a danger to yourself unless protective measures are taken). Should the necessity of releasing confidential information arise, I will make every reasonable effort to discuss this with you first; it is my preference to make any such disclosures together in my office. If you have any questions about the exceptions mentioned above, or if you need any further clarification, please feel free to discuss them with me.

Please ask any questions you may have either about my way of working or about psychotherapy in general. Your signature below indicates that you have read the above information and understand and agree to abide by the conditions. I look forward to our work together.

Signature

Date