

KATHRYN M. BREWER
Marriage and Family Therapist #MFC9306
Licensed Educational Psychologist #LEP624

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DISCLOSURE STATEMENT & AGREEMENT FOR SERVICES

As the parent or guardian for _____ I hereby authorize Kathryn Brewer, Marriage and Family Therapist and Licensed Educational Psychologist, to provide treatment services to my child. In addition to the written biographical information provided, I may ask questions about her background, experience and professional orientation at any time. She provides services as a sole proprietor and rents office space from Quiet Star Center and The Little Village.

I realize that in order to foster trust on the part of my child all communication between my child and Kathryn during sessions which I do not attend is confidential (mandated by law). However, since parents are crucially important in the treatment she may discuss the treatment progress with me. Exceptions to confidentiality are situations of probable neglect or abuse and/or an intent by the child to inflict harm or injury to self or others (the law requires that all licensed therapists report such information within thirty-six hours). I may sign permission for information about the treatment to be shared with others suggested by me or Kathryn. A joint or family session may be requested at any time by parent, child or therapist, and it is important to know that Kathryn uses a "no-secrets" policy for family therapy. This means that information from an individual session may be used when working with other members of the family if it is deemed to be important for the progress of treatment.

The fee for service in an individual 55 minute session is a sliding scale from \$85.00 to \$120.00. Individual or family sessions of 85 minutes are \$125.00 to \$175.00. I can discuss my personal situation to see if I match the guidelines for a reduced fee. Insurance payment is not accepted, but a superbill will be provided upon request if I wish to assume responsibility for all communication with my insurance company. Fees may be paid by cash, check or credit card at the time of the session. Other special arrangements may be made in advance with Kathryn. In order to make session times available for those who are waiting, I will give a 48-hour notice of cancellation (unless I am ill or an emergency occurs). If I fail to give the required 48-hour notice, I will pay for the session.

Brief telephone consultation between sessions is welcome, but important issues are better addressed in an actual session. When I leave a message I will include my name and phone number and nature of the call. Non-urgent calls will be returned on Tuesday, Wednesday or Thursday, and urgent calls within 24 hours. In emergencies, call 911 or Hotline at 800-549-8989 (San Luis Obispo County) or SAFTY at 888-334-2777 (Santa Barbara County).

Due to the wide differences in individual issues and the many factors that influence progress, it is impossible to predict the exact length of treatment or to guarantee a specific result. Often, as old habits are released and new ones not yet firmly established, behavior may seem to become worse for a short time. If you or Kathryn feel that you are not benefiting from the sessions, either of you may discuss changing the treatment plan, referring to someone else, or terminating treatment. The goal always is to increase your satisfaction with life.

I have read this agreement carefully and understand its contents.

Signature _____ Date _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____ OK to call at work? YES NO

Other family members' names and ages: _____

Physician: _____ Other services/provider's names: _____

Reason for seeking help: _____

Anything else important: _____