

Consents to Start Treatment



** indicates a required field*

Informed Consent

Hello!,

The following are the informed consents to treatment and some policies for Solid Ground Counseling and Therapy

Due to the nature of treatment, it is important for the client to be well informed of typical practices within the Solid Ground Counseling and Therapy Services. Any further questions can be discussed with your therapist. For the purposes of this document, "I" would indicate the client.

*** I acknowledged that Solid Ground Counseling and Therapy Services uses a variety of treatment modalities, including but not limited to Attachment Based Therapy, Cognitive Behavioral Therapy, and Psychoeducation. Solid Ground Counseling and Therapy Services is capable of providing individuals, couples, group, and family sessions, depending on availability.** _____

I consent to sharing information provided here.

*** I acknowledge the Solid Ground Counseling and Therapy Services handles a wide range of presenting issues, particularly addiction, domestic violence, men's health, issues with sexuality, LGBTQI+ issues, polyamory, and trauma; I also acknowledge that there may be some issues and diagnosis that Solid Ground Counseling and Therapy Services is not equipped to handle - the treating therapist will inform you if your diagnosis or presenting issue is outside of their limitations during intake or as the issue becomes more clear.** _____

I consent to sharing information provided here.

*** I acknowledge that there is a 24 hour cancellation policy for individual, couples, and family sessions. For group sessions, no shows and cancellations will still be charged due to the seat being reserved for the course of the treatment block unless otherwise granted by the CEO of Solid Ground Counseling and Therapy Services in limited circumstances. _____**

I consent to sharing information provided here.

*** I understand that therapy is a commitment to treatment and that sometimes treatment can result in uncomfortable feelings, which are something to work through in treatment. _____**

I consent to sharing information provided here.

*** I understand that therapy cannot 'guarantee' any results or behavioral changes, but therapist will make best efforts to assist with positive change. _____**

I consent to sharing information provided here.

*** I understand that neither Solid Ground Counseling and Therapy Services nor my therapist is responsible for my behavior inside or outside of session. _____**

I consent to sharing information provided here.

*** I understand that the role of the therapist is to assist me to learn about myself, help me reflect on behaviors, help me understand/reflect on relationships, and make best efforts to reach my behavioral/emotional goals. _____**

I consent to sharing information provided here.

*** I understand that it is my role as a client to be honest with my therapist, to practice skills outside of session, to continually reevaluate life choices, and to make best efforts to improve the self and relationships with those around me. _____**

I consent to sharing information provided here.

*** I understand that I cannot have a sexual, romantic, or casual relationship to my therapist. The relationship between therapist and client is strictly professional. _____**

I consent to sharing information provided here.

*** I understand that any inappropriate behavior towards my therapist or other employees within Solid Ground Counseling Services may result in termination of treatment and referral to another therapy source. _____**

I consent to sharing information provided here.

*** (Individual sessions) I understand that I must pay the full session fee for any scheduled appointments that were not cancelled or rescheduled within 24-hours. Any clients who habitually no show to session may be terminated by therapist, as unstable sessions may not be effective for therapy. _____**

I consent to sharing information provided here.

*** I understand that the length of treatment cannot be guaranteed and the length of treatment will be discussed between myself and my therapist, however, six months to two years is typical for this type of treatment. _____**

I consent to sharing information provided here.

*** I understand that a debit or credit card will be kept on file for billing purposes. _____**

I consent to sharing information provided here.

*** I understand that I can request or give permission to my therapist to consult with others regarding my case via written or verbal request (written strongly preferred). _____**

I consent to sharing information provided here.

*** I understand that I have a right to request to review my notes with my therapist to ensure accuracy. _____**

I consent to sharing information provided here.

*** I understand that I have a right to request a copy of my notes and that the request may be granted or denied as per the clinical judgement of therapist and one other clinical therapist. Denials are based on potential damage to the client or therapeutic relationship. _____**

I consent to sharing information provided here.

*** I understand that to enroll in treatment, I must be present in the state of California or Texas for treatment. I will advise my therapist ahead of time if I am going to leave the state. _____**

I consent to sharing information provided here.

*** I agree that all legal proceedings against Solid Ground and Counseling Services will be conducted through binding mediation. _____**

I consent to sharing information provided here.

*** I understand that therapist will make best efforts to inform the client aware of any attempted legal requests made on their record. _____**

I consent to sharing information provided here.

*** I understand that I will be billed my typical session rate per hour to collaborate with my lawyer in criminal or civil cases. _____**

I consent to sharing information provided here.

*** I understand that if my therapist is called to testify, the therapist is willing to appear at the rate of \$5,000 a day per court. _____**

I consent to sharing information provided here.

*** I understand that any formal requested letters from therapist will be billed for one typical session hour. _____**

I consent to sharing information provided here.

*** I understand that therapy 'session hours' are typically approx 53 minutes, but may be shorter or longer depending on situation. _____**

I consent to sharing information provided here.

*** I understand that if I express suicidal content or behavior of concern, therapist may involve my emergency contact, known others, law enforcement, or hospital staff for safety purposes only - the details of the therapy case will not be provided to them unless it relates to immediate safety concerns. _____**

I consent to sharing information provided here.

Reporting Requirements

Due to the nature of treatment, it is important that the client is well aware of the therapist's reporting requirements. If the following information is reported to the therapist - a mandated report will be made with no exceptions due to California and Federal laws. Further inquiries can be made with your therapist.

* I understand that if I have any questions about the legality of seeking treatment, I can consult with a lawyer and request a free anonymous consultation with a therapist here at Solid Ground and Counseling Services. _____

I consent to sharing information provided here.

* Any child abuse (physical, sexual, emotional, neglect) that has been conducted by either the client or any other party and the child is still under the age of 18 years old. _____

I consent to sharing information provided here.

* Any elder abuse (physical, sexual, emotional, neglect, financial, social, etc.) conducted by either the client or any other party. _____

I consent to sharing information provided here.

* Any use of child pornography. _____

I consent to sharing information provided here.

* Any suicidal intent. Thoughts and feelings are something we work on in therapy, any intention to harm self would require others to become involved for safety purposes. _____

I consent to sharing information provided here.

Any intent by the client to harm others. _____

I consent to sharing information provided here.

* Any mandates by a judge that requests records. _____

I consent to sharing information provided here.

*** I understand that, though information may not be reportable, may still be legally pursued if it is within the statute of limitations. (Can consult lawyer if you have any questions related to statute of limitations). _____**

I consent to sharing information provided here.

*** All other information is kept confidential by therapist and not legal to disclose without strictly deidentifying the information before hand. _____**

I consent to sharing information provided here.

*** I understand that in the case of an urgent situation, I able to contact Scott Altamirano, LMFT, by text at 512-579-9772 and he will return the text as soon as possible, including after hours. I understand that Solid Ground Counseling and Therapy Services does not handle immediately emergent and dangerous situations, such as active domestic violence and suicidality, I will contact my local authorities or go to my local hospital, whichever is appropriate and follow up with my therapist after the situation has become safe. _____**

I consent to sharing information provided here.

*** I understand that therapy can be terminated at anytime by the client and in certain circumstances by the therapist: 1) The client feels that they are in a stable place and ready to graduate from therapy, they should inform the therapist to conduct a closing session. 2) The client feels they are not benefitting from therapy and would like to explore other options 3) The client loses insurance coverage - out of pocket and out-of-network prices can be discussed; alternatively, the client can search and transfer to an in-network therapist. 4) The therapist believes he is not able to provide adequate treatment for the specific presenting issue - the therapist will have a conversation with the client before this determination is made 5) If there are active safety concerns, such as domestic violence, in couple's therapy and couple's therapy is contraindicated. 6) There are excessive no shows and cancellations, which would also be discussed prior to a determination being made 7) Unpaid fees associated with therapy 8) Active harassment of other members of group therapy _____**

I consent to sharing information provided here.

*** I understand that there are alternative to talk therapy that can either be used in conjunction or used instead of talk therapy; I understand that if I have questions surrounding best treatment options for my particular situation, I can ask for recommendations from my treating therapist. _____**

I consent to sharing information provided here.

*** My emergency contact (name, phone number, address, can this person drive, are they physically close to your home address)**

*** Is it ok to leave voice messages?**

- Yes
- No

*** Is it ok to leave text messages? Ex. "Reminding you of an appointment with Scott @____"**

- Yes
- No