

**Malaika Clelland, LCSW, RPT-S**  
**Licensed Clinical Social Worker**  
**Registered Play Therapist- Supervisor**  
**27001 La Paz Road suite 266A**  
**Mission Viejo, CA 92691**  
**Telephone: 949-547-2050/malaikaclelland@gmail.com**

## **INFORMED CONSENT REGARDING OUT-PATIENT INDIVIDUAL PSYCHOTHERAPY**

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by Malaika Clelland for \_\_\_\_\_ (herein "Client") and is intended to provide client with important information regarding the practices, policies and procedures of Malaika Clelland (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

California law requires that psychotherapy clients be provided with information to allow them to make informed decisions regarding participation in psychotherapy, including an understanding of the issues related to risks and benefits of psychotherapy, medical concerns, confidentiality, alternative treatments, diagnoses, treatment plan, length of psychotherapy, fee for psychotherapy, emergencies, and obligations of adult psychotherapy clients. Please read this information carefully. Ask your therapist any questions you may have. As these issues are understood, please initial in the places provided.

### **Risks and Benefits of Psychotherapy**

Most people considering psychotherapy are experiencing psychological problems that cause internal distress and/or problems in relationships. The goal of psychotherapy is reduction of such problems. However, some individuals may begin to feel worse before they begin to feel better, because the individual is now addressing their problems in the course of psychotherapy.

Some individuals may experience some of the following: flooding of emotions, intrusive thoughts, anxiety, flashbacks, nightmares, panic attacks, self-destructive or angry impulses, depression, suicidality, numbing, dissociation, and feelings of disorganization. In some cases, people have difficulty maintaining employment or academic studies, problems in social and family relationships, or require hospital care.

Psychotherapy clients benefit from having a support system, including family, friends, 12-step, self-help, and support groups, religious affiliations, group therapy, medication, and enjoyable, enriching, and expressive activities, such as art, writing, music, exercise, etc. A stable support system is particularly helpful when dealing with difficult material and feelings. Your therapist will provide referrals to help develop a support system at your request.

In most cases, therapy improves one's sense of well-being and one's relationships. It is not always possible to predict the outcome for an individual. Given this knowledge, the decisions to participate in therapy and to terminate therapy are personal ones. These decisions may be evaluated with one's therapist. Clients may also obtain independent consultation for a second opinion at any time.

Initial here if this section has been read and understood \_\_\_\_\_

### **Medical Concerns**

Your psychotherapist is not a medical doctor and can therefore not recognize or diagnose medical conditions. It is essential that you obtain a medical examination to determine any medical origins of your psychological problems, e.g., neurological disorders, endocrinological abnormalities, glucose and insulin imbalances, effects of toxins, infectious disease, gastrointestinal disorders, side effects of medication, etc.

Not being a medical doctor, your psychotherapist can not prescribe psychiatric medication. but will refer you for psychiatric consultation if this appears to be indicated.

Initial here if this section has been read and understood \_\_\_\_\_

**Confidentiality:** Psychotherapy is confidential, with important exceptions:

1. Information may be released to designated parties by written authorization of clients or legal guardians.
2. When clients seek reimbursement for psychotherapy from insurance companies or other third parties, information, including psychological diagnoses, and in many cases, explanations of symptoms and treatment plans, must be provided to the third party. If you are seeking reimbursement from your health insurance, your therapist will provide you with a copy of a “super bill” at the end of the month that you can submit to your insurance company, which will inform you of information that is released.
3. Psychotherapists are required to release information obtained from clients or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a psychotherapy client or to others, e.g.: imminent risk of suicide, homicide, or destruction of property that could endanger others.
4. Psychotherapists are required to report suspected past or present abuse of children (including physical, sexual, or emotional abuse, or neglect), dependent adults, and elder adults.
5. Others involved in a client's therapy are not therapy clients and have no therapist-client confidentiality.
6. If clients participate in psychotherapy in compliance with a court order, psychotherapists are required to release information to the relevant court, social service, or probation departments.
7. Psychotherapists are required to provide information in response to court orders and, in some cases, to subpoenas. In some kinds of proceedings, courts order the entire psychotherapy record to be provided.
8. Psychotherapists often consult with other professionals on cases, and teach or write about the psychotherapy process, but disguise identifying information when doing so. Please indicate to your therapist if you wish to place restrictions on consultation, teaching, or writing related to your case.
9. Psychotherapists reserve the right to release financial information to a collection agency, attorney, or small claims court, if you are delinquent in paying your bill.

10. Cell phone and e-mail communication can be intercepted by third parties. These forms of communication are reserved for urgent or time-sensitive matters. Psychotherapists are required to make a record of each client contact. E-mail communications are printed in full and become part of a client's file.

11. Your psychotherapist may be required by the government to disclose information concerning clients who are in the Armed Forces or for National and Homeland Security purposes without notifying you.

Initial here if this section has been read and understood \_\_\_\_\_

### **Professional Records**

Psychotherapy laws and ethics require that California licensed psychotherapists keep treatment records. Professional records can be misinterpreted and/or upsetting to untrained readers. You are entitled to receive a copy of these records unless your therapist believes that seeing them would be emotionally damaging, in which case your therapist will review them together with you or will send them to a mental health professional of your choice, to allow you to discuss the contents. Clients will be charged copying costs plus \$2.00 a minute for professional time spent responding to information requests.

Initial here if this section has been read and understood \_\_\_\_\_

### **Alternative Treatments**

Other treatment approaches are available as an alternative, or as an adjunct, to individual psychotherapy. These include group therapy, support, self-help, and 12-step groups, medication, expressive therapies (e.g., art, writing, psychodrama), cognitive therapy, behavior modification, guided imagery, Eye Movement Desensitization and Reprocessing (EMDR), careful use of hypnosis and guided imagery, and nutritional consultation.

Initial here if this section has been read and understood \_\_\_\_\_

### **Length of Psychotherapy**

Some psychological problems can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict the length of therapy needed. Some disorders cannot be properly treated within the limitations of some health insurance policies.

If you or your therapist determine that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. The decision to terminate therapy belongs to the client, although one may evaluate this with one's therapist. It is important that you have a final psychotherapy session before terminating therapy in order to properly end the therapeutic relationship and process this ending.

Some managed health care plans provide benefits for only a time-limited course of psychotherapy. If at this point you feel you still need psychotherapy, you can decide if you wish to continue with this therapist while not being reimbursed by your health insurance or your therapist can provide you with referrals where you can continue your treatment.

Initial here if this section has been read and understood \_\_\_\_\_

### **Fee for Psychotherapy**

Psychotherapy sessions: \$ 140.00 per 55 minutes including any time missed by being late. Therapist reserves the right to periodically adjust fee. Patient will be notified of any fee adjustment in advance.

From time-to-time, therapist may engage in telephone contact with client for purposes other than scheduling sessions. In addition, therapist may engage in telephone contact with third parties at client's request along with advance written authorization. Client is responsible for payment of the agreed upon fee of \$35.00 per 15 minutes for any telephone calls longer than ten minutes with time rounded up to the nearest 15 minute increment. (Ex. If phone call is 23 minutes, time will be rounded to 30 and fee will be \$70.00)

Missed appointments or a cancellation with less than 24 hours notice, unless there is a medical emergency: client will be charged a \$50 late cancelation/no-show fee.

Letters and reports (non-legal matters): \$ 150.00 per hour.

Testimony, court appearance, travel time, and preparation of written documents, meetings, phone consultations, in legal proceedings initiated by you or others relating to your case: \$ 200.00 per hour.

I understand that payment is due at each session.

Initial here if this section has been read and understood \_\_\_\_\_

### **Appointment Scheduling and Cancellation Policy**

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. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your scheduled appointment. If you do not provide your therapist with at least 24 hours notice in advance or do not show for your session, you are responsible for payment of the missed session. Please note that your insurance company will not pay for missed or cancelled sessions.

Initial here if this section has been read and understood \_\_\_\_\_

### **Therapist Availability/Emergencies**

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on her confidential voicemail. Non-urgent

phone calls are returned during normal weekdays (Monday through Friday) and typically will be returned within 24 hours. Your therapist is not able to return phone calls after 8pm, and is not available to return phone calls on Saturday or Sunday. If you have an urgent need to speak to your therapist, please indicate that fact in your message. 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.

You should also be aware of the following resources that may be available in the local community to assist individuals who are in crisis:

- Emergency Psychiatric Evaluation in Orange County - 24 hours a day, 7 days a week, 365 days per year: (714) 834-6900 or 1-866-830-6011 – this number can gain you access to a mobile assessment team that can respond to a psychiatric emergency occurring somewhere in the community. The team can provide evaluation for individuals, assist with any necessary referrals, and provide transportation to a local hospital if needed.
- National Suicide Prevention Lifeline: 1-800-273-TALK (800-273-8255) - 24 hours a day, 7 days a week
- Crisis Hotline: (714) 639-4673
- Youth Crisis Hotline: 1-800-HIT-HOME (800-448-4663) - 24 hours a day
- College Hospital Crisis Response Team: 1-800-773-8001 - 24 hours a day
- Domestic Violence Hotline: 1-800-799-SAFE (800-799-7233) 24 hours a day
- Rape Crisis Hotline: (714) 957-2737 24 hours a day
- Sexual Assault Victim Services : (714) 834-4317

Initial here if this section has been read and understood \_\_\_\_\_

### **Obligations of Adult Psychotherapy Clients**

I understand that I must be open and honest with my therapist, even if doing so is painful or embarrassing. Therapists can only help clients to the extent that they are provided with the whole truth. The desire to get well and function well can only come from the client. Therapists can help clients slowly overcome feelings of hopelessness and helplessness, but progress is more affected by client motivation than any other factor. I understand that doing therapy homework can often facilitate recovery.

Painful emotions and memories of painful experiences press for expression. Avoidance of these issues cannot make them go away. Therapists cannot magically erase the anxiety and pain related to such issues, but can provide tools that may help reduce the intensity of the work. If I sense that I am resisting dealing with particular issues, I should discuss my resistance with my therapist and try to overcome it.

I agree to inform my therapist of any plans of self-harm, suicide, homicide, or destruction of property that could endanger others and I agree to honor contracts with my therapist in these matters.

I understand that misunderstandings can occur between myself and my therapist. I also understand that I may develop troublesome feelings toward my therapist, such as fear or anger. Any of these problems can interfere with treatment. Therefore, if these problems occur, I agree to discuss them openly with my therapist in order to attempt to resolve any problems or to plan to terminate therapy.

Initial here if this section has been read and understood \_\_\_\_\_

## Psychotherapy Contract for Adult Clients

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of psychotherapy, medical concerns, confidentiality, professional records, alternative treatments, length of psychotherapy, fee for psychotherapy, appointment scheduling and cancellation policy, availability/emergencies, and the obligations of psychotherapy clients.

If you have complaints regarding the practice of your psychotherapist, you may contact the Board of Behavioral Sciences at 1625 N Market Blvd., Suite S-200 Sacramento, CA 95834.

Based on my understanding of these issues, I agree to proceed with treatment.

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Signature of Client

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Date

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Malaika Clelland, LCSW, RPT-S

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Date

Malaika Clelland, LCSW-RPT-S  
27001 La Paz Road suite 266A  
Mission Viejo, CA 92691  
Phone: 949-547-2050

### **Intake Questionnaire**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which of the above numbers is it okay to contact you at and leave a message? Home  Cell

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have any children? Yes  No  If yes, how many? \_\_\_\_\_

Are you currently employed? Yes  No

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Please briefly describe what brings you to therapy and what you to expect to gain from therapy:

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**Insurance Information: Health Plan** \_\_\_\_\_

**ID Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Who's Insurance?** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employer:** \_\_\_\_\_

#### **Mental Health and Other History**

Are you currently participating in counseling? Yes  No

If "yes", please note provider's name: \_\_\_\_\_

Have you had counseling in the past? Yes  No

If "yes", why? \_\_\_\_\_

When? \_\_\_\_\_ With whom? \_\_\_\_\_

Are you currently having suicidal thoughts? Yes  No

Have you ever made a suicide attempt? Yes  No

If "yes", please note date: \_\_\_\_\_

Have you ever intentionally harmed yourself (e.g. cutting, burning, head banging, etc.)? Yes  No

Have you ever witnessed or experienced physical violence or abuse in any relationship, including your family? Yes  No

Have you ever experienced sexual abuse or any sexual contact that made you feel uncomfortable? Yes  No

Have you ever experienced a traumatic event? Yes  No

Have you ever acted aggressively or violently toward anyone? Yes  No

Do you see or hear things that other people do not see or hear? Yes  No

Are you bothered by thoughts or worries that you cannot control? Yes  No

Have you ever been in trouble with the law? Yes  No

How many hours of sleep do you get per night on average? \_\_\_\_\_ hrs

Is your sleep interrupted? Yes  No

How often do you use alcohol?

Never  Once a month  Once a week  2-3 times a week  4 or more times a week

Do you use any other substances? Yes  No

If "yes", which ones and how often: \_\_\_\_\_

**Family History of Mental Health**

Has anyone in your family (including you) been diagnosed or experienced any of the following:

	Yes	No	If yes, please provide which family member or self
Alcohol Abuse			
Drug Abuse			

Depression			
Anxiety			
Attempted Suicide			
Committed Suicide			
Psychiatric Hospitalization			
Bipolar Disorder			
Schizophrenia			
Attention Problems			
Other			

**Medical History**

Are you currently taking any prescription or over-the-counter medications?    Yes     No

If "yes", please list medications: \_\_\_\_\_

Do you have any health problems or concerns?    Yes     No

If "yes", please explain: \_\_\_\_\_

Do you have a disability?    Yes     No

If "yes", please describe: \_\_\_\_\_

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_