

Client information and Consent for XY Counseling & Alexander Warnow, MFT Registered Intern

Contact Information- You can contact me by calling or texting (415) 504-2787 or sending me an email at alexander@xycounseling.com , and I will get back to you within 24 hours. Be sure to leave me good times when you can be reached and a number where you will be available. I generally return calls, texts and emails Monday through Friday unless they are of an urgent nature. If you are having a psychological emergency and I am not available, please call the following crisis services:

Suicide Prevention: 800-309-2131 or Berkeley Mobile Crisis: 510-981-5900

Sessions- Sessions are 50 minutes long unless we agree upon a longer session. Feel free to arrive early and relax in the waiting room before your appointment. Please call me to let me know that you have arrived, and stay there until I come to get you, even if you arrive late. If you need to let me know that you are running late, I can also be reached at the number listed above.

Payment- Payment can be made by check or cash and is due at the beginning of each session, unless you have made other arrangements. To save time, please have the check made out before you come. At the beginning of each session, we will make time to discuss any business matters such as schedule changes or finances. Fees may be raised annually taking your circumstances and ability into account.

Cancellation- Your therapy hour is a time reserved specifically for you, therefore I have a **24-hour cancellation policy**. In other words, it will be necessary to charge you for the full hour if you do not cancel your appointment with at least 24 hours advance notice.

The Process of Therapy/Evaluation and Scope of Practice: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations. This can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to Psychodynamic Psychotherapy, Mindfulness practices, Hakomi Mindfulness-Based Experiential Psychotherapy, Narrative, Coherence Therapy, Cognitive Behavioral Therapy, and Expressive Arts. I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

Your Rights as a Client: Your safety and comfort are my foremost concern. It is therefore important that boundaries are clear and honored in psychotherapy. To these ends, I unhesitantly support the ethical sanctions of my profession prohibiting any kind of sexual contact or activity between therapists and clients during the course of therapy. I am also legally bound by these sanctions. The methods of touch in which I have been trained are done consciously, non-sexually, and always with your consent. However, if you ever

feel uncomfortable in any way, it is important that you communicate that to me. You always have the right to stop or change any procedure at any time for any reason. You always have the right to know, beforehand, what methods will be employed. You always have the right to ask, at any time, any questions that arise for you.

Intern Status: I am a Marriage and Family Therapist registered intern number 65161 supervised by Ivan Skolnikoff, MFT. The Marriage & Family Therapist Registered Intern designation can be a little confusing. To be an intern means that I have completed all the required coursework for my license, but I am going through a period where I work under the supervision of another therapist, and consult with him weekly about the work that I do.

General Confidentiality- All information between therapist and client is held strictly confidence except in the following cases: (1) The client authorizes the release of information; (2) The therapist is rightfully ordered by the court to release information; (3) The client presents a physical danger to self or others; (4) Child or elder abuse/neglect is suspected. In these later two cases we are required by the law to inform potential victim(s), or legal authorities so that protective measures can be taken. (5) I may share information about you when consulting with my supervisor (see “Intern Status” above).

Confidentiality for Minors- If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is my policy to request a written agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, I will provide them only with general information about our work together subject to your approval, or, if I feel it is important for them to know in order to make sure that you and people around you are safe. If I think it is appropriate, I will involve them if I feel that there is a high risk that you will seriously harm yourself or another/others. Before giving them any verbal or written information, I will discuss the matter with you, if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

By signing below I indicate that this client information and consent form has been read and understood.

Client, parent or legal guardian (print)	Date	Signature
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Minor’s Name if applicable (Print)	Date	Signature
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Psychotherapist	Date	Signature
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