

**Ellis McCauley, MS, LMFT**  
Licensed Marriage & Family Therapist #MFC52057  
(831) 824-4540

## **AGREEMENT FOR SERVICE/INFORMED CONSENT**

**Welcome to Therapy.** This document contains important information about my professional services and business policies and how they may affect you. Please read it carefully and make note of any questions you want to discuss with me. Once you sign this document, it will become a binding agreement between us and also provide your consent for us to begin therapy. I have asked for initials in certain sections to indicate your understanding of issues that I consider of particular importance.

### **Risks and Benefits of Therapy**

Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to be with difficult thoughts and feelings, and sometimes change behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. There may be times in which I challenge your perceptions and assumptions, and offer different perspectives. The issues you present may result in unintended outcomes, including changes in personal relationships or other life directions. You should be aware that any decisions on the status of your personal relationships or life directions are your responsibility. I encourage you to address any concerns you have regarding your progress in therapy with me.

### **My Background, Qualifications & Methods of Treatment**

I hold a Master's Degree in Counseling from San Francisco State University. My theoretical approach is a combination or selection of Cognitive-Behavioral, Mindfulness based, Somatic (body-centered) and Experiential psychotherapy techniques and methods. I am trained in Sensorimotor psychotherapy using the Hakomi method of body-centered psychotherapy, with a special focus on trauma. I have training in other areas including Acceptance and Commitment Therapy (ACT), Exposure/Response Prevention (ERP), Sandtray, and Experiential Couples Therapy. I am trained in psychedelic-assisted psychotherapy with a focus on Ketamine-assisted psychotherapy.

Some special areas of experience and specialized training include: Obsessive-Compulsive (OCD) and other Anxiety Disorders, Trauma and PTSD, Medical phobias, Pre or post-Surgery processing, End of Life challenges, Body-Image, Self-Harm behaviors, Adoption, Grief & Loss, Psychedelic and other non-ordinary state experiences, Hair-Pulling/ Skin-Picking (and other Body Focused Repetitive Disorders), Couples, LGBT, Sexuality issues,

### **Special Consent for Therapeutic Use of Touch**

Therapeutic use of touch may be occasionally incorporated into Somatic (Body-Oriented) and Experiential interventions per my education/experience/training. Such therapeutic touch is always non-sexual in nature and is only used with your express permission. Touch is used to increase body-awareness, explore the link between emotions and somatic experience, and to support the processing of traumatic activation. Touch can be particularly useful in Ketamine-assisted psychotherapy to increase safety and guide the therapeutic process. You will be asked permission explicitly and will never be required to participate in the use of touch. I will always check in with you to invite the communication of any concerns or hesitations.

(Client Initials )

### **Confidentiality**

Everything you say and share in session is strictly confidential. However, there are some exceptions to the rule of confidentiality. I am required by law to report:

- threats of harm to another or oneself
- threats to the property of another
- suspected child or elder abuse (past or present)
- by court order

Other exceptions include:

- per your signed release

- I may discuss your case with supervisors or peer counselors, in order to provide excellence in the service I give and in accordance with accepted professional behavior. In doing so, I will not reveal any personally identifying information.  
(Client Initials \_\_\_\_\_)

**Additionally, in communication via email, text or video call session the following limits to confidentiality apply:**

-While using every reasonable means to protect and encrypt conversations and records of treatment, when doing therapy by Internet or other electronic means, such encryption cannot be guaranteed.  
-You, the client, are encouraged to protect your own confidentiality by controlling access to your communications with me-such as by using passwords only known by you, controlling access to your computer, deleting data as agreed, etc.

~ My policy regarding email usage is as follows:

I ask that email correspondence be kept to a minimum and that it not be used in place of therapy. I will occasionally use it for scheduling negotiations or to relay information that might be of interest as long as this is okay with you. It is your choice if you find there is something you want to share by email on occasion. By initialing below you are acknowledging this policy and the understanding that email is not fully secure.

(Client Initials \_\_\_\_\_)

**Psychotherapist-Client Privilege**

Information disclosed by you and any clinical records created during treatment are subject to psychotherapist-patient privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the privilege on your behalf until instructed, in writing, to do otherwise by you or your legal representative. You should be aware that you might be waiving privilege if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the psychotherapist-patient privilege with your attorney.

**Client Litigation**

I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. I will generally decline from writing or signing letters, reports, declarations, or affidavits to be used in legal matters. I will not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law to appear as witness in an action involving you, you agree to reimburse me for time spent in preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate of \$225.

**Cancellations and Rescheduling**

If you need to cancel or reschedule a meeting, please notify me by phone, email or text at least **48 hours in advance** of our scheduled meeting or you will be responsible for full payment for the session. Keep in mind that insurance will not reimburse for a missed session or a late cancellation.

(Client Initials \_\_\_\_\_)

**Fees and Fee Arrangements**

The usual and customary fee for services is \$225 per 55-minute session KAP sessions will be billed at the rate of \$225 per hour. If we have telephone contact for purposes other than scheduling you are responsible for payment (on a pro rata basis) for calls longer than 10 minutes.

I reserve the right to periodically adjust the fee. You will be notified of any fee adjustment in advance, generally with 3-4 weeks notice. (Client Initials \_\_\_\_\_)

**Insurance**

I am not on any insurance panels, but I can provide a super bill which is a statement that itemizes our session dates with the cost, and also requires a diagnosis code. You can submit the super bill for reimbursement as long as you have a PPO that covers partial reimbursement of services by "Out of Network" providers. If you are seeing me for OCD or BFRB's you may be successful in seeking full reimbursement by your insurance (even if it is not a PPO). They are contractually bound to provide the support you need and it is almost certain that there is anyone in network who truly specializes in these areas. Therefore they are obligated to pay for your care with me. See my OCD page on my site for a document called "Fight for your rights" that has instructions for how to navigate the process with your insurance company.

**Contacting me & Emergencies**

You may contact me at 831-824-4540 any time of day. I will make every effort to return calls within 24 hours (or by the next business day), but I am unable to provide crisis support or guarantee immediate response to calls. If your call is timely (same day schedule changes or you are in need of my support), you can call me at 831-824-4540. In the event you are feeling unsafe or require immediate assistance, you should call 911, or go to the nearest emergency room.

