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CA License #91187

## **Informed Consent**

**This document is intended to provide important information to you regarding our work together. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.**

### **Information About Your Therapist**

At an appropriate time, I will discuss my professional background with you and provide you with information regarding my experience, education, special interests, and professional orientation. You are free to ask questions at any time about my background, experience and professional orientation.

### **Information About This Practice**

I am a Licensed Marriage and Family Therapist.  
I am licensed by the California Board of Behavioral Sciences.  
I was originally licensed in 2015. My license number is 91187.

### **Meetings**

A typical session will last for 50 minutes. In some cases, meetings may be scheduled for 80 minutes.  
Sessions begin on the hour or half-hour.

### **Scheduling Appointments**

Individual, couples, family, and group sessions are typically scheduled to occur once per week at the same time and on the same day. On occasion due to holidays, we may have to miss a week or reschedule a session. Clients may schedule appointments by telephone, email, text, or in person (in the therapy session).

### **Cancellation Policy**

I have a 24-hour cancellation policy. If you need to cancel or reschedule, please do so more than 24 hours before your scheduled appointment time (e.g. if your appointment is at 1PM, please cancel before 1PM the day before). Sessions cancelled less than 24 hours before the scheduled time will be charged the fee for the session.

## **Fees and Payment**

The fee for service per 50-minute therapy session \$150.

Payment will be made to Robert B Clarke using a check, cash, Paypal, Venmo, Zelle, or credit card (you may also set up a payment through the Client Portal). You will be expected to pay for each session at the time it is held. If your account has not been paid, further sessions will not be scheduled. The fee for returned checks is \$30.

If for some reason you find that you are unable to continue paying for your therapy, please let me know. I will work with you to consider any options that may be available to you at that time.

## **Insurance**

I do not bill insurance but will provide a “super bill” for you to submit to your insurance. Please note that most insurance companies only cover treatment for specific diagnoses. Please check with your insurance company regarding out-of-network coverage.

## **Confidentiality**

Everything we discuss is confidential. The law protects the privacy of all communications between a client and a therapist, and I can release information about our work to others only with your written permission. However, there are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate agency. If I believe that a client is threatening serious bodily harm to another or self, I may be required to take protective action. If a similar situation occurs, I will make every effort to fully discuss it with you before taking action.

### **Some exceptions to confidentiality:**

1. A therapist is mandated to make a report to an appropriate entity if there is reasonable suspicion of abuse of a child, elder or dependent adult.
2. The therapist is permitted to break confidentiality if there is a clear and immediate danger to the client or another person or property, in order to gather support services, or to provide an appropriate level of care.
3. There is an order by a judge.
4. A federal law, known as The Patriot Act of 2001, requires therapists and others in certain circumstances, to provide FBI agents with books, records, papers, documents and other items, and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

### **Minors and Confidentiality**

If you are under 18 years of age, please be aware that the law provides your parents the right to examine your treatment records. It is my policy to request an agreement from parents to give up access to your records. Typically, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will do my best to discuss the matter with you.

### **Therapist Availability**

You are welcome to phone me in between sessions and you may leave me a message at any time on my confidential voicemail. For non-urgent matters I will get back to you as soon as possible, usually within 24 hours during the week and less frequently on the weekends. There is no charge for brief telephone calls lasting between 5-10 minutes. Calls of 15 minutes in length or longer will be charged proportionally at my hourly rate. My telephone number is 747-273-4618.

### **Emergencies**

**In the event of a medical or psychiatric 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 are available in the local community to assist individuals who are in crisis:**

**Crisis Hotline: 800-854-7771**

**Health and Human Services: 211**

**Suicide Prevention Center: 877-727-4747**

**Teen Help Line: 310-855-4673**

## **Electronic Communication**

Email and texts have significant limitations and confidentiality cannot be guaranteed. It is important to be aware that computers, unencrypted email, and texts, can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Sensitive clinical information should be discussed over the phone or in-person. For appropriate e-mail or text communication (for example, scheduling issues) I will respond to your e-mail or text within 24 hours. **Please note:** You may send confidential information and messages using the online Client Portal.

## **Outside the office**

The confidentiality of therapy is considered to be sacred and even the fact that I am your therapist is protected. For that reason, if I see you outside the office, I will not indicate that I know you unless you indicate first that you know me.

## **Therapy Animals**

Please check with me before bringing a therapy animal to the office.

## **Gifts**

Sometimes clients like to give gifts for their appreciation, especially during the holidays. I am prohibited by professional ethics from accepting anything more than inexpensive tokens such as greeting cards or flowers from your garden. I understand that culturally it is important for some clients to provide a gift, and I'm happy to discuss this with you in terms of its therapeutic relevance to your treatment.

## **Termination of Therapy**

You may discontinue therapy at any time. If you or I believe that you are not benefiting from treatment, either of us 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.

## **Complaints**

*The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.*

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### **Therapist Communications**

I may need to communicate with you by telephone or other means. Please indicate your preference by checking any of the choices listed below.

Home phone. My home phone number is: \_\_\_\_\_ Times:

\_\_\_\_\_

Cell phone. My cell phone number is: \_\_\_\_\_ Times:

\_\_\_\_\_

Work phone. My work phone number is: \_\_\_\_\_ Times:

\_\_\_\_\_

Text message to my cell phone. My cell phone number is:

\_\_\_\_\_

E-mail. My e-mail address is:

\_\_\_\_\_

Home address:

\_\_\_\_\_

