

# Patti Dengler MS, LMFT 34610

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## CONTRACT AND CONSENT TO TREATMENT

### Instructions

Please read the following information, checking each section in the left-hand box as you go. If there is any part you do not understand or you would like clarified, please ask to have it explained before initialing that section or signing at the end of the form.

### Consent to Treatment

- I request, consent to, and authorize Patti Dengler MS, LMFT to provide all therapeutic and psychological services that she deems advisable or necessary for me/my child.
- I acknowledge and accept that it is my responsibility to discuss my goals and needs with my therapist and that my therapist will present possible approaches to these goals and needs.
- I acknowledge and accept that while many people find counseling/psychotherapy to be extremely helpful, I/my child may not find therapy to be helpful and may, in fact, feel worse after therapy than before. I understand that I may end therapy for myself/my child at any time.
- I acknowledge and accept that Patti Dengler is a licensed Marriage and Family Therapist, License # MFC 34610.

### Confidentiality and Privilege

- I acknowledge and accept that Patti Dengler MS, LMFT adheres to the standards of confidentiality and privilege defined by ethical counseling practice. Confidentiality and/or privilege extend between myself and Patti Dengler MS, LMFT.
- I acknowledge and accept that Patti Dengler MS, LMFT, like many physicians and mental health providers, uses billing services for the purposes of expediting billing and insurance claims and provision of efficient service. Only the information required for these services will be shared with the billing service provider. Advanced Billing Services is a professional, medical billing firm and adheres to the strict standards of confidentiality and privilege bound by medical and mental health practice.

## Exceptions to Confidentiality

- I acknowledge and accept that there are exceptions to confidentiality and privilege, which arise from certain California legal mandates. These exceptions are:
- The obligation of reporting to authorities, without the client's consent, any suspicion of the abuse, endangerment or neglect, either physical or sexual, of any child or dependent adult;
  - The duty to warn the intended victim and the authorities when it appears that the client, or a person known to the client, intends to hurt another person;
  - The need to take appropriate steps when it appears evident that the client will most probably make a suicide attempt to prevent such an attempt; and
  - When disclosure is required pursuant to a legal proceeding.

In each of the above cases an attempt will be made to inform the client that a report or disclosure will be made. The client will also be encouraged to make any report to authorities themselves.

## Secrets Policy

- I understand and accept Patti Dengler MS, LMFT's Secrets policy outlined below:

While confidentiality relates to outsiders, I do **not generally keep secrets** between partners who are in therapy for the purpose of relationship counseling. There may be occasions where one partner might share something with me privately that you do not want your partner to know. I reserve the right to make a professional decision about whether the information needs to be shared with the other partner for therapy to continue.

## Collaterals to Therapy

- Sometimes, in order to help a client I will spend time with family members or other persons in that client's life in order to get a clearer clinical picture and be better able to provide help. I do not do this without the client's consent and though I may not share everything said with the client I reserve the right to talk to him/ her about our meeting. Conversely, I am bound by the laws of confidentiality to keep information the client gives me confidential unless the client consents in writing for me to do so.

## Children and Confidentiality/Secrets

- I understand and accept Patti Dengler MS, LMFT's Confidentiality/Secrets policy with regard to children and adolescents outlined below:

I am always available to listen to concerns of parents. Parents and legal guardians should feel free to call me to provide information and insight or to express concerns or ask questions.

I am bound by confidentiality so I generally do not share specific things that children over 5 tell me with parents unless there is an issue of imminent danger. There are can be exceptions to this based upon my best clinical judgment about what is right for your child. An overarching goal in most cases is help children and adolescents get closer to their parents. I believe that helping children and adolescents get what they need from their families rather than from therapy often helps them more than therapy alone. I work very hard to encourage and support children and adolescents to share important feelings and secrets with parents and am available to support the parent/child relationship. This is not always a linear process and results are not always immediate.

### **Cost of Services**

- I acknowledge and accept that I am responsible to pay for services if other arrangements have not been made. If I do not have insurance and it will be a hardship for me to pay the full fee of \$120 per session, I should discuss this in advance Patti Dengler MS, LMFT.
- I understand that though there may be resources available to pay for my therapy through my own insurance company. Patti Dengler MS, LMFT makes no representation as to my eligibility to receive insurance funds.
- I understand that there may be a co-payment amount required by my insurance company. It is my responsibility to pay that amount prior to each session.
- I understand that, while Patti Dengler MS, LMFT may make herself available to help me with paperwork related to obtaining funding, it is ultimately my obligation to insure that payment is made.

### **Appointment Timing and Cancellations**

- I acknowledge and accept that individual therapy sessions are 55 minutes in length and begin at the appointed time. If I am late for my appointment, my session will still end at 55 minutes past the appointed time.
- I acknowledge and accept that any time I need to cancel an appointment I may, however, I must contact my therapist at least 24 hours in advance. I understand that, if I do not do this, the missed session may be charged to me. If my insurance or other funding source does not pay for missed appointments, I myself will incur the obligation to pay.

### **Contacting Patti Dengler MS, LMFT**

- I understand that I may contact Patti Dengler MS, LMFT at 805/807/0642 or [patti.dengler@sbcglobal.net](mailto:patti.dengler@sbcglobal.net) 24-hours a day to cancel an appointment or leave a message.
- I understand that if I need to talk to my therapist urgently, I should call 805/807/0642 and leave a message. My therapist will attempt to call me back as soon as possible, however, this may not be immediately.
- I understand that, if Patti Dengler MS, LMFT is out of town, she will provide me with a forwarding number for someone I can speak to in her absence.
- I agree that, in a life-threatening emergency, I will contact 911 or other appropriate authorities immediately.

**Use of Facilities**

- I acknowledge and accept that children younger than 12 may not be left alone in the waiting area or the parking lot while I am in session. Parents who leave children for sessions must be available to meet their child in the waiting room and 50 minutes past the appointed meeting time.
- I have read and understand all of the above and have received a copy of this form.***
- I allow Patti Dengler MS, LMFT to contact my insurance company and to exchange my private information, including my psychological diagnosis and the contents of my chart for the purposes of billing, case management and quality control.***

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