

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

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by **Christopher M. Mayer, LMFT** for minors (persons 14-17 years of age) seeking therapeutic treatment on their own accord. Therapists generally require the consent of both parents / legal guardians prior to providing any services to a minor or child. However, it is also understood that on occasion minors who are 14-17 years of age may seek treatment on their own for various reasons, and hold the legal right to do so *without* the consent of their parent(s)/guardian(s). This form is for minors who are consenting to their own treatment under such circumstances. All clients will be asked for proof of their age (two forms of ID are required and one must be a photo ID).

### **Agreement for Services**

This Agreement is intended to provide [print client's name] \_\_\_\_\_ (herein "client(s), his/her, their") with important information regarding the practices, policies and procedures of the therapeutic services of **Christopher M. Mayer, LMFT**, (herein "I, me, therapist"), and to clarify the terms of the professional relationship between therapist and client. Any questions or concerns regarding the content of this Agreement should be discussed with the therapist prior to beginning treatment.

### **Therapist's Orientation and Qualifications**

I have been practicing as a psychotherapist for over 6 years, working with diverse populations from various backgrounds with a variety of presenting issues and co-occurring conditions. I have experience working with individuals in all stages of life from early childhood into adulthood and I specialize in helping to guide clients through life-transitions. From my experience as a therapist, I have found that mental health and well-being challenges are common amongst most people and that they manifest in unique ways for each person. Because of this I have sought training in a multitude of therapeutic modalities to be able to better address the complete needs of the client. I have training and hold these qualifications:

- Masters of Counseling Psychology, Meridian University, Petaluma, CA
- CA Licensed Marriage and Family Therapist, Lic.#86115
- Certified Bioenergetic Analyst, ASTTI, Berkeley, CA
- Craniosacral Training, Diamond Light, San Rafael, CA
- Shamanic Training, Last Mask Center for Shamanic Healing, Portland, OR

Because I seek to address psychological factors as they impact multiple aspects of the individual, my therapeutic approach is both Psychodynamic (tracing unconscious processes to their origin) and Holistic.

### **Holistic Psychotherapy**

Holistic Psychotherapy is a distinct orientation that considers how psychological factors impact the physical, emotional, mental and spiritual parts of one's life and relationships. The goal of Holistic Psychotherapy is not only to address the symptoms that have become present in a single area of one's life, but to bring deep healing and integration to all the areas. This allows for a balanced and sustainable increase of healthy functioning for the whole-person. This is done by addressing the needs of The Four Bodies.

### **The Four Bodies**

*The Physical Body*- When addressing the physical aspects of psychological issues I often times use *somatic approaches*. Somatic approaches are body-based approaches to healing that address the ways the physical body relates to other parts of a person. Because the body holds memory, stress and emotion, it may be asked of clients during treatment to stand, walk, hit, kick, etc. However, no direct, physical touch will be used. Somatic techniques are always discussed fully with clients beforehand and may be stopped at any time. Some issues

that can arise through the physical body are: ADHD, addictions, panic/anxiety disorders, phobias, physical illnesses, dissociative disorders, self-harm, violence, and issues of self-esteem and identity.

*The Emotional Body-* When addressing the needs of the emotional body it is necessary for a client to have permission to express their full range of feelings and emotions. Oftentimes, our emotional expression is limited by what we think is acceptable to ourselves and others. These beliefs about acceptable emotional expression are often patterns created in childhood that have shaped our value systems, our range of expression and choice, as well as regulate the way we seek to have our needs met in relationships. Some issues that can arise through the emotional body are: difficulty attaching or bonding in relationships; adjustment and mood disorders; commitment, intimacy issues; emotional dependency; anger and emotional abuse; lack of emotional regulation; trust related issues; and issues of self-worth, self-sabotaging, and self-care.

*The Mental Body-* The mental body is made primarily of our thoughts and shapes the way we see ourselves and the world. Our mental body makes “sense” of the information that it receives and builds the world as we see it. From the way we see things we make choices on how to engage with ourselves and those around us. A Holistic approach helps to give the mind a more complete picture of the world by providing information from the other three bodies. With more information from different sources, the individual is better able to make decisions for their whole-being. Some issues that can arise through the mental body are: anxiety, ADD/ADHD, excessive rumination, racing thoughts or worry, compulsive thoughts/behaviors, emotional detachment, sleep disorders, rigid or controlling behaviors, social disorders, and many stress related illnesses.

*The Spiritual Body-* The work of the spiritual body is to inform and guide individuals by means of their deep intuition and inner-knowing. The spiritual body recognizes the connection with the greater forces that influence the well-being of the individual and helps guide them towards what they find meaningful, purposeful and fulfilling. Some issues that can arise through the spiritual body are: addictions, depression and suicidality, grief, feelings of helplessness or listlessness, soul-loss/susto, PTSD and other expressions of trauma, lack of motivation, spiritual emergence, crises of faith, and feelings of longing and despair.

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

Usually a minor will benefit most from psychotherapy when their parent(s)/legal guardian(s) are supportive of the therapeutic process. It is best for minors to tell their parent(s)/legal guardian(s) that they are seeking treatment. However, sometimes this is not possible for various reasons; such as abuse by or distrust of the parent(s)/legal guardian(s), or when discussing highly personal issues the client wishes to keep confidential.

Psychotherapy is a process in which the therapist and client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that the client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, challenges or difficulties one may be experiencing in relationships with others. Psychotherapy is a joint effort between client and therapist working in collaboration to co-create sustainable solutions that foster the client’s growth and greater fulfillment in life. Progress and success may vary depending upon the particular problems and issues being addressed, as well as many other factors.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events as healing often requires revisiting difficult past events, changing habitual patterns and reevaluating current relationships. The process may also evoke some discomfort including strong feelings of sadness, anger, fear, etc. There may be times where I may challenge a client’s perception or assumptions, and offer different perspectives in an effort to expand the range of possibility. As with any transformative work, the issues presented by the client and the therapeutic process may result in unforeseen outcomes, including changes in lifestyle, employment and personal relationships. Client should be fully aware that any decision on the status of his/her personal or public relationships is the responsibility of the client. Clients should address any concerns regarding their process or progress with the therapist.

Participating in therapy may also result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, a clearer sense of one's unique and authentic self, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, increased self-confidence, and a generally fuller experience of life. Such benefits require substantial dedication and effort on the part of the client, including an active participation in the therapeutic process, honesty, accountability, courage, and a willingness to change unfulfilling patterns, feelings, thoughts and behaviors. For therapy to be successful one must be willing to risk transforming.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding clients. Consultation is undertaken solely as a way for me to be able to increase my understanding of a client's presenting issues.

### **Records and Record Keeping**

As a way to track important information and document client progress I may take notes during session. If session occurs via Telemedicine (Skype, telephone, etc.) I may ask clients permission to record the session. No session will be recorded without client(s) expressed permission. I will however make notes and records regarding the client's treatment. These notes constitute both clinical and business records, which, by law, I am required to maintain and are the sole property of the therapist. Should a client request a copy of these records, such a request must be made in writing. I reserve the right, under California law, to provide the client with a treatment summary in lieu of the actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances that may pose a risk to the client or others. As required by law, I will maintain client's records for ten years following termination of therapy. After the ten year period, client's records will be destroyed in a manner that preserves confidentiality.

### **Confidentiality**

The information disclosed by clients is *generally confidential* and will not be released to any third party, including parent(s)/legal guardian(s) without written authorization (Release and Exchange) from the client, except where required or permitted by law. ***Exceptions to confidentiality*** include, but are not limited to:

- Reporting Abuse of a Minor: Should it be revealed that a person under 18 years of age is being abused or has been abused (physically, sexually or emotionally) by an adult or another minor, or is being neglected by an adult or minor who is responsible for their care, a report to the proper authorities must be filed.
- Reporting Abuse by a Minor: Should it be revealed that the client has or is abusing or neglecting (physically, sexually or emotionally) another minor or elder person (65 years of age or older) who is in their care, a report must be filed with the proper authorities.
- Reporting Threat of Serious Harm: If it is revealed that a client intends a serious act or threat of violence towards a reasonably identifiable victim (a specific person); or if a client is determined by the therapist to be a danger to him/herself or the person or property of another, the proper authorities will be notified, and in most cases the client's parent(s) or legal guardian(s) will be notified.

### **Litigation**

I will not voluntarily participate in any litigation or custody dispute in which the client and another individual, or entity, are parties. I have a policy of not communicating with client attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in legal proceedings. Nor will I generally provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear in a legal action involving the client, client agrees to reimburse the therapist for any time spent in

preparation, travel, or other time in which I have made myself available for such an appearance. Compensation is at the therapist's usual and customary hourly rate of \$150 per 50 minutes (pro rata).

### **Client-Psychotherapist Privilege**

The information disclosed by a client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the client is the holder of the psychotherapist-client privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the psychotherapist-client privilege on the client's behalf until instructed, in writing, to do otherwise by the client or the client's legal representative. Client should be aware that she/he might be waiving the psychotherapist-client privilege if he/she makes her/his mental or emotional state an issue in a legal proceeding.

### **Fee and Fee Arrangements**

Clients 14-17 years of age who are seeking treatment and who are themselves financially responsible for payment, will be charged on an agreed upon sliding scale of **\$25-\$50 per 50/90-minute session** in-office. Under certain circumstance sessions via Telemedicine (Skype, telephone, Facetime, etc.) may become an option. Clients are expected to pay for services at time of scheduling (if scheduling occurs online) or at the end of each in-office session. Therapist accepts cash, checks, debit, and major credit cards through personal payment portals (Stripe, Paypal, Square, etc.).

**Client's agreed upon fee for services is \$ \_\_\_\_\_ per 50 min. session / \$ \_\_\_\_\_ per 90 min. session.**

### **Phone Calls**

If you need to talk with me between sessions, you may leave a confidential voice message at **(415) 858-5004**. I make every effort to return calls as quickly as possible and as a general rule within 24 hours (or by the next business day). However, circumstances may arise where it cannot be guaranteed that calls will be returned immediately. In the event that a client is feeling unsafe or requires immediate medical or psychiatric assistance, she/he should call 911, or go to the nearest emergency room. There is no charge for calls of less than 10 minutes. Calls longer than 10 minutes will be pro-rated based on your fee for a 50 minute session.

In addition, from time-to-time, I may engage in telephone contact with third parties (doctor, psychiatrist, etc.) at the client's request. Client must sign and submit to the therapist a **RELEASE AND EXCHANGE FORM** before this is possible. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls to third parties longer than ten minutes.

### **Insurance Reimbursement**

Payment for therapy is made at the time of scheduling (if scheduling on-line) or at the time of your in-office visit. If you would like to seek reimbursement from your insurance company I will complete the service provider section of your claim form and return it to you for mailing approximately every two months. If services are covered, you will receive your reimbursement directly from your insurance company.

### **Drug and Alcohol Use**

As a general rule, drug or alcohol use during the 12 hours prior to and after sessions is not recommended. Prior to and after sessions important information can arise for clients that can be vital to their healing process and integration. Any substance that serves to repress or dull the sensing aspects of the individual can slow or interfere with therapeutic progress. Therefore it is asked that individuals only take professionally prescribed or recommended substances during this time period.

**Missed Appointments and Late Cancellations**

Clients are responsible for payment of the agreed upon fee for any missed session(s). Clients are also responsible for payment of the agreed upon fee for any session(s) for which the client has failed to give at least 24 hours advance notice of cancellation. Cancellation notice should be left on therapist’s voice mail at **(415) 858-5004** or via e-mail at **fourbodietherapy@gmail.com**

However, if cancellation is due to illness or another emergency, client has the option to reschedule the appointment within the same week (subject to therapist’s availability), and will be charged only for the session that was attended. Please note that while every effort to reschedule in emergency situations will be made, it is often the case that there may be no available times for rescheduling.

**Termination of Therapy**

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, non or untimely payment, failure to comply with treatment recommendations or participate, conflicts of interest, client needs are outside of therapist’s scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party’s decision to terminate therapy, therapist will generally recommend that client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to client.

**Acknowledgement**

By signing below, client acknowledges that she/he has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with the therapist, and has had any questions with regard to its terms and conditions answered to client’s satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with the therapist. Moreover, client agrees to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from treatment.

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**PLEASE MAKE SURE YOU HAVE INITIALED THE BOTTOM OF EACH PAGE**

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Client Name (please print)

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Signature of Client

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Date

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