

**THE PSYCHOTHERAPY OFFICE OF DR. KELLY A. WILLIAMS**  
KELLY A. WILLIAMS, PSY.D., LMFT  
15300 VENTURA BOULEVARD, SUITE 324  
SHERMAN OAKS, CA 91403

**INFORMED CONSENT and OFFICE POLICIES**

This agreement is intended to provide any and all counseling participant(s) (also referred to as "Client," "Clients," "Patient" or "Patients") with important information regarding the practices, policies and procedures of the Psychotherapy Office of Dr. Kelly A. Williams and sole proprietor Dr. Kelly A. Williams (also referred to as Psychotherapist, Therapist, or Treatment Provider). This informed consent aims to detail and clarify the terms of the professional therapeutic relationship between the Therapist and Client(s). The Psychotherapy Office of Dr. Kelly A. Williams encourages any and all counseling participants to read the informed consent form in its entirety prior to signing.

**CONFIDENTIALITY**

The information disclosed by any and all counseling participants is generally confidential and will not be released to any third party without written authorization from the counseling participant(s), except where required or permitted by law. Exceptions to confidentiality are subject to include but are not limited to, (a) Child abuse (in accordance with the State of California, Evidence Code, Article 7. 1027b), (b) Elder and/or Dependent Adult abuse (in accordance with the State of California, Welfare and Institutions Code, Article 3, 15630-15632), (c) when counseling participant(s) verbalizes or communicates a serious threat of violence towards an identifiable victim, and/or (d) when a counseling participant(s) becomes a danger to himself or herself (in accordance with the State of California, Evidence Code, Article 7. 1024).

To ensure your confidentiality, electronic mail (email) is not a secure form of communication. The Psychotherapy Office of Dr. Kelly A. Williams will not reply to email requests or provide responses via email related to protected patient health information. Automatic responses via [www.drkellyawilliams.com](http://www.drkellyawilliams.com) will provide a general alert notifying the sender the message was received or that an appointment was scheduled or cancelled to the email address on file. In general, email messages will be read and addressed through face-to-face appointments or a telephone call to the number on file.

To further ensure confidential practices, the Psychotherapy Office of Dr. Kelly A. Williams will not acknowledge or communicate with any counseling participant(s) via text message regarding protected health information. Text messaging is limited to appointment reminders, log-in for telehealth, and/or cancellations. It is advised for all counseling participants to refrain from sending text messages to communicate with the Psychotherapy Office of Dr. Kelly A. Williams.

**ELECTRONIC EAVESDROPPING**

The State of California Penal Code Chapter 1.5 - Sections 630-638 has developed legislature in reference to the invasion of communications and privacy. California Penal Code 632(a) outlines the following: A person who, intentionally and without consent of all parties to confidential communication, uses an electronic or recording device to eavesdrop upon or record the confidential communication, shall be punished by a fine and/or face imprisonment. The Psychotherapy Office of Dr. Kelly A. Williams will contact local police department to file a report and initiate civil and/or criminal litigation against any

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person(s) who record any treatment interaction against the knowledge of any party involved. The Psychotherapy Office of Dr. Kelly A. Williams offers individual, collateral, family, and couples/marital counseling with one or more persons involved and any communications within a treatment session is considered “Confidential Communication” and falls under the protection of this privacy law. The Psychotherapy Office of Dr. Kelly A. Williams does not condone the eavesdropping or recording of any therapy session and any information learned about eavesdropping will be addressed through civil and/or criminal litigation.

**CONSULTATION**

The Psychotherapy Office of Dr. Kelly A. Williams offers a free 15-minute telephone consultation to individuals seeking counseling. During the consultation, information will be gathered about you or your family unit’s presenting issues, assess for safety, discuss fees and informed consent, and schedule an initial treatment appointment.

**FIRST APPOINTMENT**

Your first appointment at the Psychotherapy Office of Dr. Kelly A. Williams will be considered a “Clinical Assessment/Psychiatric Diagnostic Evaluation” session for which informed consent is required. During this meeting, you will be offered an opportunity to verbalize your presenting symptoms or issues, ask questions about your treatment, and explore if counseling is the best option for you and/or your family. Common treatment recommendations may include: Returning for additional treatment sessions, referral to another practitioner, a recommendation for group therapy, or a referral for no additional treatment service.

**RISKS AND BENEFITS OF PSYCHOTHERAPY**

An important part of treatment, is determining if the Psychotherapy Office of Dr. Kelly A. Williams is a good fit for you and your treatment needs. Please read this document in its entirety before determining if counseling is a good fit for you.

Psychotherapy, also referred to as “treatment” or “therapy” is a process in which the Therapist and counseling participant(s) discuss a myriad of issues, events, experiences, and memories for the purpose of reducing impairment in one’s social, occupational or relational functioning. Participation in psychotherapy is subject but not limited to remembering, recounting and discussing painful events, which may result in unpleasant feelings. There may be times whereas Therapist may challenge client’s perceptions and assumptions and explore a variety of options. Involvement in therapy may result in unforeseeable outcomes, subject but not limited to changes in interpersonal relationships. Counseling participant(s) are aware that any changes in one’s personal life are the sole responsibility of the counseling participant(s) decision(s).

In the field of Counseling and/or Mental Health, a minimum of one (1) session per week, for 50-minutes meets the “Standard of Care” until termination or symptom reduction. However, additional treatment sessions may be recommended but are not required. Further, there is no clear/standard time frame for treatment length prior to termination. However, participants who are not making adequate treatment progress may be referred out or terminated from treatment. Lack of treatment progress is subject but not limited to: No reduction in impairment of social, emotional or occupational functioning, a decline in social, emotional, or occupational functioning, grave

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disability, not practicing positive coping strategies outside of therapy, and treatment dependency. The Psychotherapy Office of Dr. Kelly A. Williams will make every effort to assist counseling participant(s) with reducing impairment in a timely manner using current evidenced-based practices and interventions. Further, at any point, if a counseling participant(s) is not satisfied with their treatment progress, can follow the procedures as listed under "Termination of Therapy."

If you feel as though you have been victimized by unethical behavior during your treatment with the Psychotherapy Office of Dr. Kelly A. Williams, you can contact the State of California, Board of Behavioral Sciences at (916) 574-7830 and/or complete an online complaint form [http://www.bbs.ca.gov/consumer/file\\_complaint.shtml](http://www.bbs.ca.gov/consumer/file_complaint.shtml)

The Psychotherapy Office of Dr. Kelly A. Williams does not endorse sexual or intimate relationships with any current or former counseling participant(s). Please refer to: <http://www.dca.ca.gov/publications/proftherapy.pdf> for additional information about your rights as a client, as professional therapy never includes sexual or intimate relations.

**COUPLES AND/OR FAMILY COUNSELING**

If you are engaging in Couples, Marriage, and/or Family Counseling, all participant(s) are considered the "Treatment Unit." However, during the course of treatment, it may be recommended to meet with members of the treatment unit separately, or in smaller groups (e.g. an individual, the siblings, the parents, or any combination thereof) in efforts to treat the family effectively. These sessions are considered as part of the treatment for the entire "unit."

If there is information disclosed to Therapist in the absence of any or all of the members of the treatment unit, the Therapist reserves the right to disclose information to the other members of the treatment unit. Therapist will not harbor secrets on behalf of other members of the treatment unit, as information learned during the course of any treatment session may be relevant and essential to the treatment of the couple or family unit. If any member of a couple or family involved in treatment, has information they do not wish to have known to other members of the treatment unit, should consider engaging in "Individual Counseling" with an outside provider to ensure confidentiality.

**CULTURALLY SENSITIVE CARE**

The Psychotherapy Office of Dr. Kelly A. Williams is committed to providing effective service to all individuals with sensitivity to each person's culture, gender, age, race or ethnicity, sexual orientation, ability or disability, socioeconomic status, and/or spiritual or religious beliefs. The Psychotherapy Office of Dr. Kelly A. Williams encourages your feedback and is committed to cultural and social inclusion.

**FEES AND BILLING**

Counseling Participant(s) are expected to pay for services in its entirety at the start of each counseling session. The Psychotherapy Office of Dr. Kelly A. Williams accepts cash, debit and credit cards. No Checks allowed and insurance billing will not be accepted. Should a counseling participant(s) choose to use his or her insurance, it is the sole responsibility for the counseling participant(s) to seek reimbursement from insurance provider.

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Client will pay in full at the start of each treatment session and receive a receipt via electronic mail. Individual counseling, couples and/or family counseling sessions are 50-minutes in length. Individual counseling sessions for adults age 18 and older are billed at \$140 per counseling session. Couples or Marital Counseling are billed at \$150 per counseling sessions. Child Therapy sessions are billed at \$140 per counseling session. Counseling sessions lasting longer than 50-minutes will be billed \$25.00 increments per 5-15 minutes over scheduled time.

The Psychotherapy Office of Dr. Kelly A. Williams also offers pre-marital counseling sessions that are billed at \$140 per session (focused solely on the topic as pre-scheduled and arranged) and will be limited to 50-minutes in length. Pre-Marital counseling sessions are offered individually, as listed on drkellyawilliams.com, as well as a package of 6 sessions at a discounted rate (subject to change). The Pre-Marital Counseling Plan sessions will not be substituted for other sessions offered, must be completed within 12-months from the start of the first session completed, and will not be refunded for sessions not completed.

Additional fees will be billed for the following: (1) Failure to provide written notification of desire to terminate from counseling may result in being charged for missed/cancelled appointment (see cancellation policy) (2) Additional fees will be billed immediately at the close of treatment session if counseling session extends over scheduled 50-minutes.

Treatment sessions are expected to start on time and as scheduled. Appointments will not be extended to prevent scheduling conflicts. However, treatment provider reserves the right to extend a treatment session if counseling participant(s) are in crisis or experiencing a psychiatric/psychological emergency.

Treatment provider is not a contracted provider with any insurance company or managed care organization, and does not bill insurance for payment. Treatment provider will provide receipts which counseling participant(s) can submit for reimbursement of fees paid. The Psychotherapy Office of Dr. Kelly A. Williams is not responsible for negotiating fees with insurance companies and cannot guarantee reimbursement for treatment services by any insurance company.

For outstanding billing balances, the Psychotherapy Office of Dr. Kelly A. Williams and sole proprietor Kelly A. Williams, Psy.D., LMFT will provide reasonable notice, subject but not limited to 30-90 days, to collect unpaid balances prior to referral to an agency for collection. If a referral to a collection agency is necessary, disclosure of personal information will be limited to: Name, Address, Telephone, and Email and will not include clinical information.

**CANCELLATION POLICY**

Counseling participant(s) are responsible for payment of the agreed upon fee for any missed session(s). Counseling participant(s) are also responsible for payment for any session(s) for which client fails to cancel within 24-hours of scheduled appointment. Cancellation notices should be left verbally on the office voicemail 818.928.5165 – text messaging is not allowed or an approved form of communication to cancel appointments.

**TERMINATION OF THERAPY**

Once a counseling participant(s) has experienced reduction or termination of impairment, Treatment Provider may recommend termination from counseling. Any and all counseling

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participant(s) are free to withdraw from treatment at any time provided submission verbal or written notification to withdraw. The Psychotherapy Office of Dr. Kelly A. Williams strongly encourages a termination session.

The Psychotherapy Office of Dr. Kelly A. Williams reserves the right to terminate treatment with any counseling participant(s) and provide referrals and/or recommendations for continuity of care. Common reasons for treatment termination are failure to adhere to attendance policy (rescheduling and/or cancelling appointments), conflicts of interest, needs are out of scope of competence of treatment practitioner, and/or not making adequate treatment in progress (e.g. impairment has not subsided).

**CLIENT LITIGATION**

The Psychotherapy Office of Dr. Kelly A. Williams, sole proprietor Kelly A. Williams, Psy.D., LMFT or affiliates will not participate in any litigation, housing placement recommendations, or custody dispute matters for individuals, children, couples or marital counseling participant(s). Treatment provider will not provide records, testimony, write summary letters, make any declarations, or sign any documents pertaining to personal or business legal matters – except in the matter of a subpoena. If Therapist receives a subpoena for records, deposition of testimony, or request to appear as a witness in a court of law, Therapist will assert “Psychotherapist-Client privilege” on the client’s behalf until instructed to do otherwise by a Judge or Court Order. If treatment provider is subpoenaed or ordered by a court of law to appear as a witness, regarding an action involving any or all counseling participant(s), counseling participant will be billed a flat rate of \$500.00 per day (if testimony is given or not) for service, preparation, and/or appearance.

**RECORDS AND RECORDKEEPING**

Treatment Provider will, at some point, take notes during treatment session(s) and produce a “clinical note” – a general summary of the treatment session after the session has concluded. Clinical notes are required under the State of California Health and Safety Code 123105 and are subject but not limited to include the date of the treatment session, fee and payment, and a summary that justifies the treatment service.

Clinical records are the sole property of the Psychotherapy Office of Dr. Kelly A. Williams – sole proprietor Kelly A. Williams, Psy.D., LMFT. Treatment provider will not alter record-keeping practices at the request of any counseling participant(s). Counseling participant(s) have a right to request records from the Psychotherapy Office of Dr. Kelly A. Williams, and such requests should be made in writing. Treatment provider reserves the right to refuse a copy of the record to any counseling participant(s) and provide a treatment summary in lieu of actual records subject but not limited to the following: Dates of Service, Payment for Service, reason for service, cancelled/missed/rescheduled appointments. Therapist will maintain counseling participant(s) records for a minimum of 7-years following termination from therapy, except for minors – whereas records will be maintained for an additional 7-years after counseling participant(s) 18<sup>th</sup> birthday (or when minor turns age 25 years). Clinical records for couples and/or family counseling units who request a “Release of Information” understand that signatures from each member are required.

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The Psychotherapy Office of Dr. Kelly A. Williams will make every effort to return calls within 24-48 hours. However, this office is not available for 24-hour crisis services or counseling interventions outside of scheduled treatment sessions. In the event of a Psychological or Psychiatric emergency (e.g. suicidal ideation, homicidal ideation, hallucinations, delusions to name a few) it is advised for you to contact 911, or travel to your nearest emergency room if you are able. The National Suicide Prevention Lifeline is available 24/7 at 800.273.8255.

Electronic mail (email) is not a secure form of communication and the Psychotherapy Office of Dr. Kelly A. Williams will not provide electronic responses to email, website contact form, or text message in efforts to preserve confidentiality. However, automatic responses may notify the sender that the message was received. The Psychotherapy Office of Dr. Kelly A. Williams does not promote or endorse electronic communication, including text messages) as an appropriate form of communication to discuss treatment related concerns at any time. Treatment provider will respond to any and all requests via written correspondence via postal service or telephone contact.

**ATTENDANCE POLICY**

Once a counseling participant provides his or her signature(s) on the "Informed Consent" form, the individual has entered into a Psychotherapist-Client relationship and contract which includes the counseling participant(s) is agreeing to a minimum of one (1) treatment session per week, for 50-minutes - until termination from treatment. It is the responsibility for the counseling participant(s) to schedule and maintain treatment sessions until verbal or written termination.

The Psychotherapy Office of Dr. Kelly A. Williams reserves the right to terminate any counseling participant(s) from treatment, subject but not limited to (2) two or more No Call/No Show for which counseling participant will be responsible for fees associated with last appointment scheduled and confirmed (see Fees and Billing).

**INSURANCE BILLING**

Client(s)/Patient(s) who will utilize insurance billing for counseling, authorizes The Psychotherapy Office of Dr. Kelly A. Williams to contact my insurance carrier in order to determine eligibility for services and coverage options/limitations. Client(s)/Patient(s) understand that insurance will be billed for services rendered by the Psychotherapy Office of Dr. Kelly A. Williams and associates providing treatment under supervision of Dr. Kelly A. Williams. Client(s)/Patient(s) authorizes Release of Medical Information for Billing and authorizes the release of any information regarding services by the Psychotherapy Office of Dr. Kelly A. Williams to process insurance claims.

Client(s)/Patient(s) authorizes irrevocable assign of payment for my benefits due me for the service(s) rendered by the Psychotherapy Office of Dr. Kelly A. Williams. I understand that if I am utilizing an "out of network" provider for the services rendered by the Psychotherapy Office of Dr. Kelly A. Williams, I am fully responsible for the fees and services rendered. Client(s)/Patient(s)

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understands they are responsible for notifying the Psychotherapy Office of Dr. Kelly A. Williams of any changes to their insurance prior to services being rendered.

**SOCIAL MEDIA**

The Psychotherapy Office of Dr. Kelly A. Williams and sole proprietor Kelly A. Williams Psy.D., LMFT will not, under any circumstances, accept friend or contact requests from current or former clients on any social networking sites, subject but not limited to Facebook, LinkedIn, Instagram, Twitter, Snapchat, as it may create a dual-relationship and blur the boundaries of our therapeutic relationship. Further, the Psychotherapy Office of Dr. Kelly A. Williams discourages any testimonials, ratings or endorsements from current or former clients.

**Blog Posts:**

Periodically, Dr. Kelly A. Williams will post/publish wellness and healthier living news on [www.drkellyawilliams.com](http://www.drkellyawilliams.com). Please refrain from commenting on any post as it may compromise your confidentiality.

**Social Media Sites:**

Please do not use wall postings or @ replies or Hashtags (#) as a means to communicate with Dr. Kelly A. Williams through any social media site – no response will be given.

**ACKNOWLEDGEMENT**

\*By providing your signature(s), paying counseling fees, and/or engaging in treatment acknowledges that you have reviewed and fully understand the terms and conditions set forth by the Psychotherapy Office of Dr. Kelly A. Williams and all questions have been answered to your satisfactions prior to signing and/or engaging in treatment. You further acknowledge that you are willingly participating in therapy with Dr. Kelly A. Williams and will not be under the care of another counseling professional at the same time, except if under psychiatric care.

Counseling Participant (Please Print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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In the event a minor (under the age 18), is the client, parent/guardian's signature below is provided for permission to provide treatment.

Minor (Please Print): \_\_\_\_\_  
Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Dr. Kelly A. Williams** has reviewed these policies with the counseling participant(s).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_