

CHARLENE UNDERHILL MILLER, PhD

Individual, Marital, and Child Psychotherapy
MFC 24690

Informed Consent Agreement for Psychotherapy

1. Charlene Underhill Miller, PhD is a licensed Marriage and Family Therapist in the State of California, MFC 24690.
2. Regular individual therapy sessions are 50 minutes long.
3. The standard fee for a regular 50 minute psychotherapy session with Dr. Miller is _____. It is expected that clients will pay at the time of each session unless other arrangements are made. You will also be responsible for attorney's fees and/or other costs if litigation or collection is necessary to recover any balance due.
4. You are encouraged to make use of any insurance which includes mental health benefits. However, as you are responsible for your fees, please have your insurance company reimburse you directly. At your request, I will give or send you at the end of each month a statement which includes all the information your insurance company needs. You may directly forward this statement with your claim form to your insurance company.
5. When you pay, please give your payment to your therapist directly. Having checks made out before you come to session will insure that your therapy time is not taken up with check writing. Please make your checks payable to **Charlene Underhill Miller, Ph.D.**
6. Regular attendance at your therapy sessions is important to your progress. Cancellations must be made **48 hours** in advance to avoid being charged. Also, please note that billing insurance for missed sessions is not possible, so you will be fully responsible for the fee, without reimbursement. *Initial here:* _____.
7. A session charge will be made for telephone consultations except for the rescheduling of appointments.
8. All information disclosed within the session is confidential and may not be revealed without your written permission except where disclosure is required by law (i.e., where there is a reasonable suspicion of abuse of children or elderly persons; where the client presents a serious danger of violence to others; or where the client is likely to harm himself/herself unless protective measures are taken.) *Initial here:* _____.

I have read the above and agree to the terms stated.

Name (please print) _____

Signature _____ Date _____

Signature _____ Date _____

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