



# SEASONS IN OUR LIFE

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## **CLIENT INFORMATION SHEET AND INDIVIDUAL CONSENT FOR TREATMENT**

**The Nature of Psychotherapy:** Therapy works best when you are an active partner in the process, so please know that I welcome your feedback or questions about our work at any time. Participating in therapy may result in benefits, including, but not limited to: improved interpersonal relationships; reduced stress and anxiety; better communication with loved ones; increased capacity for intimacy; a decrease in negative thoughts and/or self-sabotaging behaviors; increased comfort in social, work and family settings; increased self-confidence and self-acceptance; greater ability to experience life more fully; more balance in life; and deeper self-awareness. Such benefits may require substantial effort on your part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors as needed. There is no guarantee that therapy will yield any or all of the benefits listed above. The counseling process involves responsibility and commitment on the part of the clinician and on the part of the client. You will receive the most benefit from counseling if you attend your sessions regularly and participate actively in the counseling process. Please arrive on time for your appointments and make arrangements to stay for the duration of the session.

Participating in therapy may involve discomfort, including discussing difficult feelings and experiences, and may evoke strong emotions, including anger, sadness, and fear. During the therapeutic process, many clients find that they may initially feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times while slow or frustrating at other times. You may also at times feel conflicted about attending sessions. If this is the case, I urge you to bring up your concerns so that we can address them. The process of therapy may sometimes result in unanticipated outcomes, such as changes in personal or career relationships and goals. Please be aware that any decisions about your relationships, personal life, or work life are your responsibility.

**Confidentiality:** Psychotherapy is designed to be a safe place for you to talk about any personal issues you choose to explore. Please know that whatever we discuss in psychotherapy is legally held as private and is generally confidential. This means that I will not divulge anything you tell me to anyone except under one of the following conditions:

- You give me your written permission to talk to another, such as a health care professional who is providing you treatment, and/or to provide your health records to another;
- You tell me something that I am legally required to reveal to others in order to protect you and/or another person; or

- I am otherwise legally required to divulge the information and/or health records.

For example, I have a duty to report any suspected cases of child abuse and/or neglect to the Virginia Child Protective Services and to report any suspected cases of the abuse, neglect, and/or exploitation of an adult to Virginia Adult Protective Services. I also have a duty to report when there is a reasonable suspicion that a client poses a threat to herself/himself or to others.

Additionally, if you become involved in a lawsuit, especially a lawsuit in which you or your spouse are seeking a divorce or in which the care and custody of your children is at issue, I may have to disclose information and/or health records pertaining to you. Unless you give me written consent to release any requested information or health records, I will only disclose such information or health records in accordance with a lawful Subpoena *duces tecum* or Witness Subpoena.

Further, a federal law known as The Patriot Act (2001) requires therapists and others in certain circumstances to provide the FBI with client records and other items, and can prohibit the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

If you are seeing me for couple's or family therapy, I consider your relationship to be the client. During the course of our work, I may see one of you individually for one or more sessions or for part of a session. All sessions should be seen as part of the work that I am doing with the couple or the family unless otherwise indicated.

Finally, from time to time I consult with other licensed, experienced therapists on how I can better help my client. These consultants are bound by the same laws of confidentiality outlined here. However, when this is done, no personal identifiers such as names are used.

**Fees and cancellation policy:** Therapy sessions are normally 50 minutes long. Fees are payable each session by check, cash, or credit card (MasterCard/Visa). Longer sessions are pro-rated at the per hour rate. When we schedule an appointment, that time is reserved entirely for you. Therefore, if you need to cancel an appointment, please let me know at least 24 hours in advance; otherwise, I will have to charge you for the missed session since I will not be able to fill the appointment time on short notice.

Also, there is no charge for brief phone calls (up to five minutes), but longer phone sessions with you or with any professionals or others you ask me to speak with on your behalf are subject to a charge based on the length of the call. My hourly rate for these calls will be \$150.00.

If you become involved in a lawsuit and you request or require me to testify on your behalf, or I am required to respond to requests for information and/or health records, you will be charged for my time. My hourly rate for any time spent in Court will be \$250.00, and my hourly rate for my travel time to and from Court will be \$140.00. Any preparation time, including time spent responding to requests for information and/or health records, will be billed at \$150.00 per hour. *It is not my preference to become involved with any legal actions involving my client.*

**Therapist availability and emergency procedures:** You can leave messages for me at any time. I normally return phone calls within 1 business day. **In a life-threatening emergency, always call 911 immediately.**

**Completion of Therapy:** The length of your therapy depends on the specifics of your situation and the progress we achieve. As we approach the completion of your goals, I will discuss with you a plan for ending therapy. If during therapy you come to feel that the issues for which you are seeking therapy are not being satisfactorily addressed and you wish to see another therapist, I will offer you referrals to other therapists to assist in a smooth transition if you desire. If it becomes clear to me that you are not benefiting from our work together, I am ethically bound to stop treating you, and I will provide you with referrals to other sources for therapy. You may discontinue therapy at any time. Should you choose to end your therapy, I will generally recommend that we meet

for at least one final visit to facilitate a positive termination experience and give us an opportunity to reflect on the work that has been done.

If you have any questions about the above, please ask me. Otherwise, please sign below. By signing, you acknowledge that you have reviewed this document and fully understand everything in it, you have had any questions with regard to this document answered by me and you consent to participate in psychotherapy with me.

Note: If you have printed out this form and are faxing it back or scanning it and emailing it back, please sign your name on the first line below. If you are filling out this form on an electronic device, please type your name in both the “sign name” and “print name” lines. Doing so will serve as your electronic signature to indicate that you understand and agree to the above.

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Today's date: \_\_\_\_\_ Your birthday: \_\_\_\_\_

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