

Camila Barreto, MA, MFT  
Licensed Marriage and Family Therapist, MFC # 90005  
(805) 453-2525  
629 State Street, Suite 224  
Santa Barbara, CA 93101

### **Agreement and Informed Consent**

This document contains important information about my services and policies. Please, read it carefully and note any questions you might have so we can discuss them during your first session. Once you sign this consent form, it will constitute an agreement between you and I, Camila Barreto, MA, MFT.

### **Qualifications**

I earned an MA in Clinical Psychology with a specialty in Prenatal and Perinatal Psychology (PPN), an MA in International Development and BA in Psychology. I am Licensed Marriage and Family Therapist (LMFT) specializing in attachment difficulties, relational trauma, complex trauma, perinatal mood disturbances, challenging behaviors in childhood, domestic violence and child abuse prevention and treatment. I utilize attachment-based psychotherapy, Theraplay, Dyadic Developmental Psychotherapy, Gottman Couples Therapy and Sensorimotor Psychotherapy in my work with individuals, couples, families and children.

### **Nature of Services.**

The professional services I provide include therapeutic and parenting services on topics decided jointly with you. The purpose of these services is to develop awareness and implement strategies to help you reach identified goals related to personal satisfaction, parenting and relationship performance and mental health disorders. There are a variety of modalities and interventions that can be utilized to deal with the problems that brought you to seeking my services. My goal is to choose the approach that best fits you and the difficulties you are experiencing.

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

Psychotherapy is a process in which the therapist and the client discuss myriad issues, events, experiences and memories for the purpose of creating positive change so you can experience your life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between client and therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress, depression and anxiety, a decrease in negative thoughts, impulsivity, and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which the therapist will challenge your perceptions and assumptions, and offer different perspectives. The issues presented may result in unintended outcomes, including changes in personal relationships. Clients should be aware that any decision on the status of his/her personal relationships and roles is the responsibility of the client. During the therapeutic process, many clients find that they 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, but may also be slow and frustrating. You should address any concerns you have regarding your progress in therapy to me.

**Professional Consultation.**

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you and your family.

**Records and Record Keeping.**

I might take notes during session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am is required to maintain. Such records are the sole property of the therapist. I will not alter normal record keeping process at the request of any client. Should you request a copy of my records, such a request must be made in writing. I reserves the right, under California law, to provide you with a treatment summary in lieu of actual records. I also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain your records for ten years following termination of therapy. However, after ten years, your records will be destroyed in a manner that preserves your confidentiality.

**Confidentiality.**

As a Licensed Marriage and Family Therapist, it is my duty to protect the confidentiality of the communications with my clients. I will only release information about our work to others with your written permission or if I am required to do so by a court order. There are some situations where I am obliged to breach your confidentiality in order to protect others from harm, including the following: (1) If I have information that indicates that a child, elderly or disabled person is being abused; and (2) If a client is in imminent risk to him/herself or makes threats of imminent violence against another person or property of another.

**Procedures.**

My therapeutic and parenting services usually starts with an evaluation. This evaluation begins with an intake interview that may last 2 to 3 sessions. During the evaluation, several decisions have to be made: I have to decide if I can provide the services needed to treat your presenting problem, you as a client have to decide if you are comfortable with me, and both of us have to decide on your goals and how to best achieve them.

**Custody and Visitations.**

Custody and visitation matters are outside of my scope of practice. I will not provide any recommendations regarding any questions and concerns about custody and visitations stipulations. Such recommendations are handled by custody evaluators and/or family court specialists. I will only provide parenting recommendations to help you manage the challenging emotional and behavioral difficulties your child may be experiencing due to a recent separation and divorce from the parents.

**Payment.**

The fee for a 60-minute session is \$125.00. Payments can be made in cash or personal checks to Camila Barreto. You are expected to pay for services at the end of each session. Sessions longer than 60 minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, other third-party payers, or by a sliding scale agreement. Currently, I am a contracted provider with CenCal-Medical and Victim Witness. Should you choose to use other insurance companies, I will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid.

**Therapist Availability.**

I am available Monday to Friday from 9am to 5pm. I reserved the right to schedule school aged children in the afternoons. I am equipped with a confidential voice mail system that allows you to leave a message at any time. I will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or requires immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room. As necessary, I may engage in telephone contact with you for purposes other than scheduling sessions. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time to time, I may engage in telephone contact with third parties (i.e. teachers, social workers) at your request and with advance written authorization. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

**Cancellations.**

Please give twenty-four (24) hours prior notice if you need to cancel, otherwise you will be charged for the session in full. If cancellations occur on a frequent basis, therapeutic progress might be affected and therefore, I might recommend treatment to be terminated. If two cancelations or no-shows occurred without 24 hour notification, treatment will be terminated immediately.

**Termination of Therapy.**

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, your needs are outside of my scope of competence or practice, or you are not making adequate progress in therapy. You have the right to terminate therapy at your

discretion. Upon either party's decision to terminate therapy, I will generally recommend that you 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. I will also attempt to ensure a smooth transition to another therapist by offering appropriate referrals.

### **Acknowledgement**

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with me, and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this agreement and consents to participate in psychotherapy with Camila Barreto, MA, MFT. Moreover, you 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 such treatment.

### **Signatures Verifying Agreement.**

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms as long as you are a client.

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Client (Print)

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Signature

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Client (Print)

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Signature

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Child's Name (Print)

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Child's Name (Print)

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Date

