

The Center for Health & Healing of Seal Beach
13001 Seal Beach Blvd. suite 360
Seal Beach, CA 90740



Holly Richmond, Ph.D.
Certified Sex Therapist
Your Body. Your Mind. Your Health.



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INFORMED CONSENT AGREEMENT

AGREEMENT FOR SERVICE/INFORMED CONSENT

Introduction: This agreement is intended to provide [name of client] _____ with important information regarding the practices, policies and procedures of Holly Richmond, Ph.D. [herein “therapist”] and to clarify the terms of the professional therapeutic relationship between therapist and client. Any questions regarding this form should be discussed with the therapist prior to signing it.

Therapist Background and Qualifications: Therapist is licensed by the California Association of Marriage and Family Therapists and the Board of Behavioral Sciences, and has a Ph.D. in Somatic Psychology from The Chicago School of Professional Psychology, Los Angeles. She has expertise in working with issues of human sexuality, as well as relationships, addictions and other psychological issues. The therapist is also certified by the American Association of Sexuality Educators, Counselors and Therapists. The therapist’s theoretical orientation can be described as somatic and psychodynamic.

Risks and Benefits of Psychotherapy: Psychotherapy is a process that provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties one may be experiencing. Psychotherapy is a joint effort between client and therapist. Progress and success vary depending on particular problems or issues being addresses, as well as many other factors.

Participation in therapy may result in numerous benefits to a client, including but not limited to stress reduction, anxiety management, improved relationships, improved sexual health, reduction in negative belief systems and self-sabotaging behaviors, and increased self-awareness and self-confidence. Such benefits require significant participation and effort on the part of the client including honesty and openness with the therapist.

Participation in therapy also raises the possibility of experiencing some discomfort while working through difficult issues. Many patients often report feeling worse before they

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feel better. This is generally a normal course of events, which leads to personal growth and change. Clients should address any concerns he/she has with the therapist regarding progress in therapy.

Professional Consultation: The therapist regularly participates in clinical, ethical and legal consultation with appropriate professionals. During such consultations, the therapist will not reveal any personally identifying information regarding the client. Anonymity/confidentiality will be constantly preserved.

Records and Record Keeping: The therapist may take notes during a session, and will also have records regarding each client session. These notes constitute the therapist's clinical and business records, which by law the therapist is required to maintain. Such records are the sole property of the therapist, and the therapist will not alter her normal record keeping at the request of any client. Should a client request a copy of the therapist's records, such a request must be made in writing. The therapist reserves the right under California law to provide the client with a treatment summary in lieu of actual records. The therapist 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. The therapist will maintain the client's records for ten years following termination of therapy. Client's records will then be destroyed in a manner that preserves the client's confidentiality.

Confidentiality: The information disclosed by the client to the therapist is generally confidential and will not be released to any third party without written authorization from the client, except where required or permitted by law. Client will be asked to sign the therapist's Confidentiality Agreement (see attached).

Client Litigation: The therapist will not voluntarily participate in any litigation or custody dispute in which the client and another individual, entity or parties are involved. The therapist will not provide records or testimony unless required to do so by law. Should the therapist be subpoenaed or order by a court of law to appear as a witness in any action involving the client, the client agrees to reimburse the therapist for any time spent for preparation, travel or other time in which the therapist has made herself available for such an appearance at the therapists usual and customary hourly rate of \$190 per hour.

Fees and Fee Arrangements: The usual and customary fee for service is \$195 per 50-minute session, and \$275 per 80-minute session for couples. 80-minute sessions for individuals (at the client's request) will be negotiated on a pro rata basis. Additionally, any phone call lasting longer than 10 minutes will be negotiated with the client on a pro rata basis, including phone calls with third parties on behalf of the client.

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The agreed upon fee between client and therapist is \$_____. The therapist reserves the right to periodically adjust the fee after discussion with the client. Clients are expected to pay for services at the time services are rendered. The therapist accepts cash, checks and major credit cards.

Insurance: The client is responsible for understanding the limits of his/her insurance coverage. The therapist is not currently on any insurance panels. Should the client opt to use his/her insurance, the therapist will supply a bill to the client in order for them to submit that bill to the insurance company for reimbursement.

Cancellation Policy: The client is responsible for payment of agreed upon fee for any missed sessions. The client is also responsible for the agreed upon fee for any session(s) for which the client has failed to give the therapist a minimum of 24 hours' notice of cancellation. Cancellations should be left on the therapist's voicemail: #562-810-1022.

Therapist's Availability: The therapist has a confidential voicemail system that allows the client to leave a message at any time. The therapist will make every effort to return calls within 24 hours (or by the next business day) but cannot guarantee calls will be returned immediately. The therapist is unable to provide 24-hour crisis services. In the event that a client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911 or go to the nearest emergency room.

Termination of Therapy: The therapist reserves the right to terminate therapy at her 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, or the client's needs are outside the therapist's scope of practice. The client also has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate, the therapist will generally recommend that the client participate in one or more termination sessions. The therapist will also make three referrals, if appropriate, to ensure a smooth transition for the client.

Acknowledgement: By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. The client has discussed such terms and conditions with the therapist, and has had any questions with regard to its terms and conditions answered to the client's satisfaction. The client understands that he/she is finally responsible to the therapist for all charges. The client agrees to abide by the terms and conditions of this Agreement and consents to participation in psychotherapy with the therapist. Moreover, the client agrees to hold the 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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Client _____ Name
(print)_____

Client _____
Signature _____ Date _____

Therapist _____
Signature _____ Date _____