



Marek Ondera, MFT (MFC 53528) - Mill Valley & San Francisco - 415.450.8446 - marekonderamft@gmail.com

INFORMED CONSENT FOR TREATMENT

Please read this Consent to Treatment form carefully. If you have any questions or comments, please feel free to discuss them with me at any time during the course of our work together.

This outline has been designed to clarify commonly asked questions about psychotherapy, and to help you make an informed decision about the nature of your treatment (or that of your child). In our initial meetings, we will assess the particular issues and concerns you have brought to psychotherapy and discuss the most appropriate treatment available for you.

WHAT IS PSYCHOTHERAPY?

Psychotherapy is a collaborative process between you and your psychotherapist with the aim of alleviating emotional pain, as well as promoting growth and healing. The therapeutic relationship unfolds under a prescribed set of conditions, ground rules and boundaries. This therapeutic framework makes possible a safe, secure environment that allows for open, honest communication between you (an individual seeking assistance for social/mental/emotional distress), and your psychotherapist (a consultant with specialized knowledge/training).

MODES OF PSYCHOTHERAPY

There are several psychotherapy treatment modalities: individual, couples, family and group therapy – each of which can be brief or long-term.

FORMS OF PSYCHOTHERAPY

Psychotherapy exists in a number of different forms, including but not limited to: Psychoanalytic, Interpersonal/Relational, Cognitive-Behavioral, Dialectical-Behavioral, Solution-focused, Psychodynamic, and so on – often with considerable overlap in practice.

SUPPLEMENTAL AND ALTERNATIVE TREATMENTS

In addition to psychotherapy, there are alternative treatments that can be effective in relieving emotional distress; such as medication for depression and/or anxiety, exposure therapy for anxiety, self-help and peer-driven groups (i.e.: Alcoholics or Narcotics Anonymous for substance abuse).

RISKS AND BENEFITS OF PSYCHOTHERAPY

While it has been repeatedly demonstrated that psychotherapy is of benefit for most people and in most situations, there is no guaranteed outcome. Please feel free to talk with me about any concerns you might have regarding the risks and benefits of being in therapy.



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CONFIDENTIALITY

All information disclosed during sessions is confidential, and may not be revealed to anyone without your written permission, except when disclosure is required by law, such as:

- **Where there is reasonable suspicion that a client is likely to hurt him/herself or another unless protective measures are taken**
- **When there is reasonable suspicion of child (under 18) or elder abuse (over 65)**
- **When I make a determination that you are gravely disabled (unable to care for yourself)**
- **Where information is ordered by the court pursuant to a legal proceeding**

MINORS AND CONFIDENTIALITY

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved. Consequently, I will plan to offer periodic updates regarding the client's treatment (which may include collateral sessions), but I will not release specific information. I also reserve the right to NOT release records to parents if I believe that doing so would be harmful to treatment. Such disclosures may be discussed with the youth in advance.

Please note that I may participate in regular, on-going professional consultation. Neither names nor identifying information is ever revealed. If consultation with other professionals who are treating you or have treated you in the past is warranted, I will first discuss this with you before requesting that you sign a release of information form.

If you participate in marital or family therapy, I will not disclose confidential information about your treatment to a third party unless all person(s) who participate in treatment provide their written authorization to release. This excludes the limits of confidentiality as stated above.

In addition, many insurance companies require disclosure of information before they will process or pay your claim.

I have read and agree to the above Guidelines and Consent to Treatment.

Signature of client (or parent/legal guardian if a minor)	Date
Printed name of client	Time

Address	Phone
	Email