

**Lisa F. Summers, M.A., MFT**  
**California License, #105627**  
**1139 San Carlos Avenue, Suite 310**  
**San Carlos, CA 94070**  
**(650) 521-9919**

## **AGREEMENT FOR SERVICE/INFORMED CONSENT**

This agreement is intended to provide \_\_\_\_\_ with important information regarding the practices, policies, and procedures of psychotherapy services with Lisa F. Summers, LMFT.

Participating in therapy may result in a number of benefits to you, including but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity or intimacy, and increased self-confidence. These benefits will likely require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change thoughts, feelings, 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 as it may evoke strong feelings of sadness, anger, or fear. Many people find 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 with me any concerns you have regarding your progress.

**Confidentiality:** The information disclosed by you is generally confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, and a serious threat of violence towards a reasonably identifiable victim, or danger to oneself or the person or property of another.

**Client Litigation:** I will not voluntarily participate in any litigation, or custody dispute. I have a policy of not communicating with attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in legal matters. I will generally not provide records or testimony unless compelled to do so.

**Fees and Fee Arrangements:** We have agreed upon a fee of \_\_\_\_\_ per 50-minute session. Sessions longer than 50-minutes are charged for the additional time. I reserve the right to periodically adjust this fee. You will be notified of any fee adjustment in advance.

Please plan on paying for services at the time they are rendered. Payments can be made via check, Venmo, Paypal or Zelle. You are ultimately responsible for the bill. I will provide you with a monthly statement and if you are covered by insurance, you can submit this for reimbursement.

Phone calls between sessions that last longer than ten minutes will be prorated at the normal session rate.

A 24-hour cancellation is required, except in the case of an emergency or severe illness. If no notice is given or if you give less than a 24-hour notice, you will be charged the normal fee for the session. You can leave a cancellation notice on my voicemail or text me at (650) 521-9919.

**Availability:** My confidential voicemail system allows you to leave a message at any time. I make every effort to return calls within 24 hours. If I am on vacation, we will have worked out a support plan for you to follow while I am away. If for some reason you are unable to reach me, and you are feeling unsafe, or require immediate psychiatric assistance, you can call 911, or go to your nearest hospital emergency room or mental health facility.

**Acknowledgement:** By signing below, you are acknowledging that you have reviewed and fully understand the terms and conditions described above and any questions have been answered to your satisfaction.

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Your Name/s / (please print)

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Signature

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Date

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Signature

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Date