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Informed Consent

I have prepared the following description of how I work to allow you to make an informed decision about participating in this process. Your participation is completely voluntary.

My Qualifications

I am a Licensed Clinical Social Worker. I received my Masters in Social Work with a specialization in School Social Work from the University of Illinois at Chicago. This specialization means that I have worked in schools and have been involved in the development of Individual Education Plans (IEPs), 504 plans, and conducted Functional Behavioral Analyses (FBAs) and Behavior Intervention Plans (BIPs). I have worked with a variety of students in schools from students with depression and anxiety, to students with high functioning Autism, to individuals with attention disorders. I have also worked with families and school staff to provide consultation and interventions for students. I have also worked with college students and young adults in dealing with family stressors, life transitions, and various mental health issues. Having been trained in social work, this means that I not only look at mental health issues at an individual level, but also consider the broader family, school, and work systems and societal influences that impact a person's emotional health and wellbeing. I work from a strengths-based perspective and a person-centered approach, meaning that you are the best expert on yourself and your life. I believe that everyone has strengths and that those strengths can be a huge resource in helping us to work through difficult times, transitions, and mental health challenges. I have been trained in a number of therapeutic models, including cognitive-behavioral therapy, dialectical behavior therapy, and solution-focused therapy. I believe that a collaborative, flexible approach is important and the therapeutic relationship should be open and collaborative.

The Therapeutic Process

Therapy is a learning process in which you come to better understand yourself and your relationships so that you may more successfully handle the situations that brought you here. As a therapist, I believe my role is to help you develop the ability to skillfully address life issues rather than simply give you advice and answers that have worked for me. Although I do not offer a "quick fix," the approaches I generally use are considered "brief"

and through our work you will develop skills that you can continue to use to address similar issues in the future. If at anytime you feel uncomfortable with the process or are unclear about the process, please feel free to discuss your concerns with me—that's what I am here for.

The length of therapy varies depending on each person's situation, including the type of problem, severity, history, resources, and personal motivation. Many clients experience moderate gains in the first three sessions, with the majority needing 12-18 sessions to resolve or significantly improve their situations. Clients with more complex situations and/or severe/chronic issues often require more treatment. Sometimes clients find that their initial concern is quickly resolved or less important when new issues are brought to light. This shift in focus is very common and is often considered a form of progress. A small minority do not experience benefits or the situation may worsen, which is therefore a potential risk of seeking treatment. Often, if painful situations have been avoided prior to therapy, things may become worse before they get better while these neglected issues are brought to light for the first time. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Termination and Referral

You have the right to terminate services at any time. I am happy to discuss any concerns you have and will help you locate alternative services if desired. If, for any reason, I feel that I am not able to help you make significant progress or that I do not have the expertise to best assist you, I will refer you to a person or program that can.

Collaboration with Other Professionals

In order to provide quality services, I often need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. You will be asked to complete a release of information authorizing these exchanges; in some cases, I may not be able to provide services without this.

Please Ask Questions

You may have questions about my qualifications, therapy, or anything not addressed here. *It is your right* to have a complete explanation for any questions you may have at this time. Also, please feel free to ask me any questions or share any concerns that might arise during the process of therapy. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you.

Fees and Length of Sessions

My fee for a 50-minute session is \$150. A sliding fee scale may be used in setting the fee to accommodate clients with special needs who cannot pay the full fee. All fees are payable at the time of service. Extended sessions are sometimes asked for and needed and are charged on a pro-rated basis for every 15 minutes based on the \$150.00 fee. Phone calls (other than standard scheduling or business calls) are also sometimes requested and needed. They are also charged at the same pro-rated rate. You will be required to pay for your phone session at your next scheduled appointment. Site visits, writing and reading of reports, consultation with other professionals, release of information, and reading records will be charged at the same rate with your prior knowledge and agreement.

Missed or late sessions: If will not be able to attend a session, please notify me at least 24 hours in advance. If you do not notify me, you will be charged a \$75 no-show or late cancellation fee. If you are late to a session, please understand that you may have a shortened amount of time for your therapy session.

Confidentiality

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written, may be shared with another party without your written consent or the written consent of your legal guardian. If we happen to see each other in public, I will not acknowledge you, as a means to protect your privacy; however, you may acknowledge me. Additionally, whenever possible, therapists avoid entering into any other form of relationship with clients outside of session to maximize client comfort and sense of safety. I maintain electronic medical records of our meetings that contain your diagnosis, treatment plan, and weekly summary of treatment progress, taking reasonable steps to secure your records. These records are for my use in providing treatment, and may not be released without your signature, unless there is a valid subpoena or otherwise mandated by law.

The following is a list of exceptions to confidentiality:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

I/We have read and understand the above conditions of treatment, confidentiality practices, and terms of payment and hereby consent to treatment.

Client (or Parent) Signature

Date

Client Signature

Date

Therapist Signature

Date

Acknowledgement of Receipt of Notice of Privacy Practices

I have read and understand the **Notice of Privacy Practices**. I understand that I may request a copy of this policy for my records. I understand that I may ask my therapist about the policy if I have any questions now or in the future.

Client (printed name)

Client Signature (or guardian if under 18)

Date

Client Signature

Date

Inability to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

I made good faith attempts to obtain my client’s acknowledgement of his or her receipt of my Notice of Privacy Practices, including: _____

However, because _____

_____ of I was unable to obtain my client’s acknowledgement.

Signature of provider: _____ Date: _____

Parental Consent for Treating a Minor

This section must be completed by the parent or legal guardian of each child who attends session. Some custody agreements require the signatures of both parents for treatment; please notify the therapist if this is your situation.

Confidentiality with Minors

The state of California provides significant confidentiality to minors seeking mental health treatment. In fact, minors over 12 years of age, have many privacy rights similar to those of adults. My role as a therapist is to help minors learn to communicate openly and directly with their parents, and thus, I typically involve parents in the counseling process. That said, when children are making poor and dangerous decisions, parents will be brought into the conversation as soon as possible, which in the case of many situations—such as self-harm or suicidal ideation—is immediately.

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Child 1: _____ Date of Birth: _____

Child 2: _____ Date of Birth: _____

Child 3: _____ Date of Birth: _____

Child 4: _____ Date of Birth: _____

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date

Therapist Signature _____
Date