Informed Consent and Practice Policies

For adult individual and couples psychotherapy

Please review carefully

This document describes the nature of psychotherapy, confidentiality and its limits, telehealth, communication, fees, and office policies. Please ask questions about anything that is unclear before signing.

Practice Information and Professional Credentials

Sherry Helgoe, PsyD, LMFT, LPCC
4848 Lakeview Ave., Suite 202-F, Yorba Linda, CA 92886

Phone: 714-783-8500
Email: sherryhelgoe@gmail.com

Licensed Marriage and Family Therapist: LMFT 38590
Licensed Professional Clinical Counselor: LPCC 1642
Doctor of Psychology (PsyD), academic degree

Psychotherapy Services

Psychotherapy is a collaborative professional relationship. It may include discussing difficult experiences, emotions, relationships, patterns, and decisions. Participation is voluntary, and you may ask questions about the process at any time.

Potential benefits may include greater clarity, reduced distress, improved relationships, stronger coping, and meaningful changes in the way you respond to yourself and others. Potential risks may include temporary discomfort, sadness, anxiety, anger, grief, frustration, or tension in relationships as difficult material is discussed.

No specific result, length of treatment, or outcome can be guaranteed. Your active participation, including attention to what occurs between sessions, may influence the usefulness of therapy.

I provide psychotherapy to adults only. I offer individual and couples therapy in person and by telehealth.

Confidentiality and Its Limits

Information you share in therapy is generally confidential and will not be disclosed without your written authorization, except when disclosure is permitted or required by law. Important exceptions may include:

- Suspected child abuse or neglect.
- Known or suspected abuse, neglect, abandonment, isolation, abduction, or financial exploitation of an elder age 65 or older or a dependent adult age 18 through 64 as defined by California law.
- A serious threat of physical violence communicated by a client against a reasonably identifiable victim or victims, when protective action is legally required.
- A situation in which there is a substantial concern that you may seriously harm yourself, cannot provide for your basic personal needs because of a mental health condition, or another emergency requires disclosure or intervention to protect life or safety.
- A valid court order or other legal requirement. If I receive a subpoena or legal demand, I will respond in accordance with applicable law and professional obligations.
- Professional consultation, practice operations, billing, or other legally permitted activities in which only the minimum necessary information is used and confidentiality obligations apply.

If one of these situations arises, I will ordinarily discuss it with you when clinically appropriate and when doing so would not increase risk or conflict with legal obligations.

Records and Legal Proceedings

Clinical records are maintained as required by law and professional standards. You may request access to records, subject to legal and clinical limitations.

I do not provide custody evaluations, court-ordered assessments, disability evaluations, forensic opinions, or court-ordered therapy. I do not agree to serve as an expert witness or to provide opinions about legal custody or parenting arrangements.

If you are involved in, or anticipate, legal proceedings, please discuss this with me promptly. Therapy records and testimony may be sought in litigation, and confidentiality or privilege may be affected by the circumstances.

Couples Therapy

In couples therapy, both partners are clients and the relationship is the focus of treatment. Couples therapy involves additional confidentiality and record considerations.

Before couples therapy begins, both partners will review and sign a separate Couples Therapy Agreement and No-Secrets Policy. Information shared individually cannot be promised to remain secret from the other partner when it materially affects the couples treatment.

Telehealth

Telehealth involves psychotherapy through secure electronic communication while you and I are in different locations. Potential benefits include convenience and continuity of care. Limitations may include technology failure, reduced access to nonverbal information, privacy risks, interruptions, and difficulty responding to emergencies from a distance.

I am licensed in California as a Licensed Marriage and Family Therapist (LMFT 38590) and Licensed Professional Clinical Counselor (LPCC 1642). Telehealth is ordinarily available only while you are physically located in a jurisdiction where I am legally permitted to practice.

At the beginning of each telehealth session, I will ask for and document your full name and current physical location. I will assess whether telehealth remains clinically appropriate and will maintain information about emergency resources near your location.

You agree to participate from a private location whenever possible, use a secure device and internet connection, and tell me if another person is present. Recording a session by either party requires advance written agreement.

If the connection fails, I will attempt to reconnect. If reconnection is not possible, I will call you at the phone number in your record unless we have agreed to another plan.

☐ I consent to receiving psychotherapy by telehealth when clinically appropriate.

Communication, Email, and Social Media

You may contact me by phone at 714-783-8500 or by email at sherry@drsherryhelgoe.com. Text messages are not accepted because of confidentiality concerns.

Email is best used for scheduling and brief administrative communication. Email may not be fully secure and is not appropriate for emergencies, urgent clinical concerns, or extensive therapeutic material. I may ask you to discuss clinical matters by phone or in session.

I do not accept social-media friend, follow, or contact requests from current or former clients. This protects your confidentiality and the boundaries of the therapeutic relationship.

Emergencies and Between-Session Contact

This practice does not provide 24-hour crisis coverage. Messages and email are not monitored continuously.

If you are in immediate danger, believe you may act on thoughts of harming yourself or someone else, or need urgent medical or psychiatric care, call 911 or go to the nearest emergency department.

For nonemergency matters, leave a voicemail or send an email. I will respond as soon as reasonably possible during normal business hours.

Private-Pay, Payment, and Superbills

This is a private-pay practice. I do not accept insurance or bill insurance companies directly. Current fees are provided separately, and payment is due at the time of service unless another arrangement has been made in writing.

Accepted payment methods are Zelle, Venmo, credit card, cash, and check.

Upon request, I can provide a superbill for you to submit to your insurance company for possible out-of-network reimbursement. Reimbursement is determined solely by your plan and is not guaranteed. A superbill may include a mental health diagnosis and other information required by the insurer. Once submitted, that information becomes part of the insurer's records.

Clients who are uninsured or who choose not to use insurance may be entitled to a written Good Faith Estimate of expected charges under federal law. A Good Faith Estimate is not a contract and does not require you to continue treatment.

Appointments and Cancellation Policy

Appointments are reserved specifically for you. Please provide at least 24 hours' notice if you need to cancel or reschedule.

Cancellations with less than 24 hours' notice and missed appointments are subject to a $75 missed-session fee, except when waived at my discretion because of an emergency or other exceptional circumstance.

Repeated missed appointments may lead us to discuss whether a different treatment arrangement or referral would better meet your needs.

Termination and Referrals

You may stop therapy at any time. Whenever possible, I encourage a closing session so that we can review the work and discuss next steps.

I may recommend referral, modification, or termination when treatment is outside my scope, is no longer beneficial, cannot be provided safely or ethically, or practice policies are repeatedly not followed. When appropriate, I will provide referral options and reasonable assistance with transition.

Notice to Clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists and professional clinical counselors. You may contact the Board online at www.bbs.ca.gov or by calling (916) 574-7830.

Acknowledgment and Consent

By signing below, I acknowledge that I have read and understood this informed consent and practice policies document, have had an opportunity to ask questions, and consent to psychotherapy under these terms. I understand that I may withdraw consent and discontinue therapy at any time, subject to financial obligations already incurred.

☐ I acknowledge receipt of the Notice to Clients.

☐ I consent to in-person psychotherapy.

☐ I consent to telehealth psychotherapy when used.

Client name (print)	Client signature	Date
Second client name (couples only)	Second client signature	Date
Therapist signature		Date