

**BLAIR WELLINGTON, LPC, MFT**  
**582 MARKET STREET, SUITE 317-8**  
**SAN FRANCISCO, CA 94104**  
**415.517.7051**  
[www.counselinginsanfrancisco.com](http://www.counselinginsanfrancisco.com)

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**CLIENT INFORMED CONSENT**

**1. Psychotherapy**

Sessions are 50-minutes and are scheduled weekly. If you would like to come in more or less frequently, please let me know during our first session.

**2. Fees**

Fees range, and will be established during the first session. The fee is payable at each session unless otherwise agreed upon. Checks should be made payable to Blair Wellington, MFT. Returned checks are subject to a return check fee of \$15. Cash and credit cards are also welcome, though there is a small fee for credit card processing.

**3. Cancellations**

Clients are expected to attend all scheduled appointments and will be charged fees for missed appointments unless you provide at least **48 hours** advance notice or make other arrangements.

**4. Communication**

Confidential voice mail number: 415.517.705. Please use that number for messages. If you choose to communicate via email, that is also fine: [blair@counselinginsanfrancisco.com](mailto:blair@counselinginsanfrancisco.com).

**5. Confidentiality**

Any and all information shared between you and your therapist is confidential and will only be shared under the following conditions.

1. You authorize the release of information in writing for the purposes of consultation.
2. Therapists are required by law to report child, elder or adult dependent abuse to the appropriate agency.
3. Therapists are required to intervene appropriately with threats of serious harm to yourself or others. This could require reporting to police or appropriate agency.
4. A court of law subpoenas information for a legal proceeding.

My signature indicates that I have read this statement and consent to treatment.

You have a right to request and receive a copy of this Consent for Treatment form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_