



**Jesse Whittle-Utter, M.A., MFT**  
**Licensed Marriage and Family Therapist #79783**

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**STATEMENT OF PRACTICE AND INFORMED CONSENT**

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**Qualifications**

I have an M. A. in Counseling Psychology from Pacifica Graduate Institute. I am a licensed Marriage and Family Therapist in the State of California with many years of experience working directly with a wide variety of clients and presenting issues.

**Psychotherapy Services**

In this practice, I provide a range of psychotherapy services including psychotherapy and consultation. Psychotherapy is the process of meeting with a therapist for the purpose of resolving problematic behaviors, beliefs, feelings, and somatic responses (sensations in the body). People seek therapy for a wide variety of concerns. Therapists are highly trained professionals who work collaboratively with you to bring about positive change for a wide array of presenting problems.

Counseling or therapy can look very different for each individual depending on the particular issues addressed, the needs of the client, the personalities of the therapist and client, and a variety of other factors. In order for therapy to be successful, you will have to make an active effort both in our sessions and at home. I cannot predict exactly what your experience will be like, or guarantee specific outcomes, but I am committed to providing you with the most professional, collaborative, and ethical treatment possible.

Psychotherapy can have both risks and benefits. It often involves discussing uncomfortable or painful aspects of your life and you may experience unpleasant feelings (e.g., sadness, nervousness, frustration, guilt). However, counseling can also help you reduce distress, enhance your relationships, and/or find solutions to specific problems.

**Privileged Communication and Confidentiality**

I am required to abide by the professional practice standards for Licensed Marriage and Family Therapists and California law. I do not disclose client confidences and information to any third party except for materials shared during supervision without a client's written consent or waiver except

when mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations. **State law mandates that I report to the appropriate authorities suspected cases of child abuse/neglect (which includes the viewing, downloading, distributing or production of child pornography), elder abuse/neglect, or dependent adult abuse/neglect and instances of danger to self or others when reasonably necessary to protect the client or other parties from a clear and imminent threat of serious physical harm.** Additionally, in most legal proceedings, you have the right to prevent information about your treatment from being disclosed; however, a judge might order my records or testimony in such circumstances as a child custody case or proceedings in which your psychological condition is relevant.

### Therapy Services for Minors

In most cases, the legal guardian(s) of a minor receiving my therapy services must formally consent to the treatment by reading and signing this form. However, according to the California Family Code § 6924, an adolescent who is 12 years of age or older may consent to my services without the consent of their legal guardian(s) if I determine (1) That the minor is mature enough to participate intelligently in the therapy services AND (2) The minor (A) would present a danger of serious physical or mental harm to self or to others without my services OR (B) is the alleged victim of incest or child abuse.

When parents or the legal guardian(s) consent to the minor's treatment, they in most cases have the right to inspect the minor's records. However, this right is not absolute. Under state law, I may refuse to provide parents or guardians access to their child's medical records if I believe doing so would have a detrimental effect on my relationship with the minor client or the minor's physical safety or psychological well-being. Cal. Health & Safety Code § 123115(a)(2).

Therapy is most effective when the communications between therapist and client are confidential; this applies just as much to minors. If applicable, I am happy to discuss general themes and progress of treatment with the legal guardian(s) of my minor clients, but will not share specifics of treatment, unless I believe it is in the minor's best interest to do so (if they are in imminent danger, for example.)

### Meetings

Appointments are usually scheduled on a weekly basis for 50 minutes, with the first session devoted to gathering necessary information. Sometimes sessions may need to be scheduled more frequently to best meet your needs, or less frequently due to vacations, illnesses, or other circumstances. Meetings will take place at one of my offices, via phone, or via teleconferencing software. The length of the entire therapy process is dependent on the type of therapy provided, goals of treatment, and ultimately left to the client(s) to decide regarding whether to continue. It is highly recommended that we meet at least once prior to any termination in order to reflect on work completed, assess what is left unfinished, discuss any remaining interpersonal dynamics, as well as to assist client(s) in formulating their next steps as they leave therapy.

## After Hours and Emergencies

When I am unavailable, you may leave a message on my voicemail at (510) 740-8024, or send me an email at [jes.rwu@gmail.com](mailto:jes.rwu@gmail.com), and I will respond as soon as possible within 24 hours, Monday through Friday. In an emergency situation when an immediate response is necessary, you may call the Alameda County Crisis Support Services at (510) 420-2460 or 1-800-309-2131, which offers confidential crisis service 24 hours a day, 7 days a week. I will notify you of any upcoming holidays or vacations in which I will be unavailable and be provided the phone number of a covering therapist as needed.

## Billing and Payments

**Appointment Scheduling and Cancellation Policies:** Two factors underlie our scheduling and cancellation arrangement. The first is that I must account for every hour that I schedule. The other, and most important, is that your consistent attendance is a crucial contributing factor to a successful outcome of your therapy.

You will be expected to pay for each session at the time it is held. Appointments are typically set at the same day and time each week on an ongoing basis; this time will be reserved for you each week as long as we work together. If you are unable to come to your appointment and would like to reschedule within the week I am glad to try and accommodate, so long as the rescheduled session does not replace a future scheduled session. I offer sessions via online video conference, which aids last-minute rescheduling. **Once an appointment is scheduled, you will be expected to pay for it unless you provide two full days notice (48 hours).** The missed session fee will be the same as your regular session fee (out-of-pocket rate, or full insurance rate including co-pay). Excessive absences or patterns of missed sessions will be discussed as I deem necessary.

**Fees:** Unless specified otherwise, the fee for services is \$145 per 50 minutes for individuals, paid either by cash, check, or credit card. I offer a \$5 discount for check payments and a \$10 discount for cash payments. Checks should be made out to Jesse Whittle-Utter. **Payment for services is due at the beginning of each session.** You may pay for multiple sessions ahead of time but are responsible for keeping track of when your next payment is due and submit it at the prior to beginning the session on the date it is due.

For extended phone consultations between sessions about issues other than canceling/rescheduling, the cost is \$30 per 15 minutes. Payments for other professional services (i.e., participation in legal proceedings, extended phone consultations with other providers you have authorized, preparation of records or treatment summaries for purposes other than in-network insurance) will be agreed upon when they are requested.

## Privacy Practices and Professional Records

In accordance with state and federal laws, as well as the Codes of Ethics set forth by the California Association of Marriage & Family Therapists (CAMFT), client confidentiality and privacy are of the utmost importance. With the exception of the situations outlined in the section on Privileged Communications, all of your information, including record-keeping, is entered online into a secure online database, and then hard copies are transferred into a locked file. Online copies, though password-protected, are destroyed promptly.

## Contacting me

Please ask me about my current availability for appointments. I generally check my voice mail two times per day Monday through Friday, and one time per day on the weekends. If I do not pick up at my office phone number (510-740-8024), please leave me a message, and I will return your call by the next business day. If I will be unavailable for an extended period of time (due to a planned vacation, illness, or unexpected circumstances), I will provide you with the name of a colleague to contact should any urgent needs arise.

### I have read and understand the Statement of Practice and Informed Consent:

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Client or Legal Guardian Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Client or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jesse Whittle-Utter, M.A., LMFT

\_\_\_\_\_  
Date