Thomas D. Carver, MA, LMFT
Licensed Marriage and Family Therapist

Welcome, and thank you for taking the time to learn more about my practice.

I believe that every person has the capacity to grow, heal, and develop healthier relationships when provided with a safe, supportive, and professionally guided therapeutic environment. Whether you are seeking therapy as an individual, couple, or family, my goal is to help you better understand yourself, strengthen your relationships, and successfully navigate life's most challenging transitions.

Throughout my career, I have worked with individuals, couples, and families experiencing a wide variety of emotional, relational, and life challenges. My practice integrates several evidence-based therapeutic approaches, including Gottman Method Couples Therapy, Emotionally Focused Therapy (EFT), Eye Movement Desensitization and Reprocessing (EMDR), Developmental Needs Meeting Strategy (DNMS), Psychodynamic Therapy, Family Systems Therapy, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Ego State Therapy, meditation, and Solution-Focused Therapy.

In addition to psychotherapy, I provide family court services for a client conflict divorce, including roles, such as Special Master, Parenting Plan Coordinator (PPC), Reunification Therapy, specialized consultation services, etc. I'm an expert in parent alienation and personality disorders. My approach is child centered and compassionate to the inherent trauma that is endured by all parties while completing divorce proceedings. My approaches highly structured and meant to provide the quickest way to exit the family courts and remain in a therapeutically assisted environment. Sometimes my roles are meant to resolved conflict and/or treat abusive situations and inform the courts clinically as to a treatment plan that can safeguard children and move the case forward. I write comprehensive clinical reports as a way to document progress and inform the courts and the parties of assessments, developments, treatment plans that are directive (I.e. as to address impasses), diagnostic impressions, psychotherapeutic

strategies, etc. My approach emphasizes collaboration, respectful communication, and practical problem-solving whenever possible. When families experience major life transitions, continuity of care can often reduce conflict and provide greater stability for everyone involved.

I believe that many emotional and relational difficulties develop through patterns that have evolved over a lifetime. Often these patterns operate outside of our awareness and continue to influence our thoughts, emotions, behaviors, and relationships. Therapy provides an opportunity to better understand these patterns, develop healthier ways of responding, and create lasting change.

My philosophy of treatment is based upon the integration of the mind, heart, body, and spirit. Lasting emotional health is achieved when these areas work together in balance. My role is not only to reduce symptoms, but to help clients discover their strengths, improve their relationships, and develop greater resilience in facing life's challenges.

I consider therapy to be a collaborative process. Every client brings unique strengths, experiences, and perspectives into treatment. Rather than telling clients what they should do, I work alongside them to help identify goals, increase self-awareness, improve communication, and develop practical solutions that support lasting emotional well-being.

I appreciate the trust my clients place in me. Whether we are working through a personal struggle, strengthening a relationship, healing from trauma, or navigating significant life changes, my commitment is to provide thoughtful, ethical, and compassionate professional care.

PSYCHOTHERAPY INTAKE & INFORMED CONSENT PACKET

Beginning therapy is an important decision, and I appreciate the confidence you have placed in me. This packet has been designed to answer many of the questions clients commonly have before beginning treatment and to explain how my practice operates.

Please read the information carefully. Some sections describe office policies and procedures, while others explain the therapy process, confidentiality, your rights as a client, and informed consent for treatment. If anything is unclear, I encourage you to ask questions. I believe informed consent begins with open conversation rather than paperwork, and I want you to feel comfortable discussing any aspect of your treatment before we begin.

My goal is to provide a professional, respectful, and supportive environment where individuals, couples, and families can work toward meaningful and lasting change.

EXCEPTIONS TO CONFIDENTIALITY

Confidentiality is one of the cornerstones of psychotherapy. What you share with me during therapy is held in the strictest confidence. Protecting your privacy is both an ethical responsibility and a legal obligation.

If someone contacts me and asks whether you are a client, I will neither confirm nor deny that I know you unless you have provided written authorization or disclosure is otherwise required by law.

Likewise, if we happen to see one another in public, I will not initiate contact in order to protect your privacy. If you choose to acknowledge me first, I will be happy to respond.

There are, however, certain circumstances in which California law requires or permits me to disclose information without your written authorization. These exceptions are intended to protect your safety, the safety of others, and to comply with applicable law.

I will make every reasonable effort to discuss these situations with you whenever it is appropriate and legally permissible to do so.

Exceptions include the following:

1. If I know of or reasonably suspect child abuse or neglect, or abuse or neglect of a dependent adult or elder, I am required by California law to make a report to the appropriate protective services or law enforcement agency.
2. If I believe you present a serious threat of physical violence toward an identifiable person, I may be required to take reasonable steps to protect that individual, including notifying law enforcement or warning the potential victim, as required by California law.
3. If I believe you present an immediate and serious risk of harming yourself, I may take steps that I believe are necessary to help ensure your safety. These actions may include contacting family members, emergency contacts, emergency services, or arranging for hospitalization when appropriate.
4. If your treatment or evaluation is court-ordered, or if I am otherwise required by law or court order to disclose information, I may be required to provide reports, testimony, records, or professional opinions consistent with that order.
5. If you choose to use health insurance to pay for all or part of your treatment, your insurance company may require information regarding your diagnosis, treatment plan, dates of service, and medical necessity. I disclose only the information reasonably necessary to process claims and comply with insurance requirements.
6. In cases involving Divorce Assisted Mediation or other changes in my professional role, confidentiality and privilege may differ from those applicable to psychotherapy. If your case transitions from psychotherapy to mediation or another professional service, I will review those changes with you before proceeding so that everyone clearly understands the nature of the services being provided, the applicable limits of confidentiality, and my professional responsibilities.

I encourage you to ask questions about confidentiality at any time. Understanding both the protections and the limits of confidentiality is an important part of the therapeutic relationship.

OFFICE POLICIES HIGHLIGHTS

The following office policies are intended to help establish a clear understanding of how my practice operates. If you have questions about any of these policies, please ask. I believe it is important that you understand how my practice works before beginning treatment so that our time together can remain focused on your therapeutic goals.

Session Fees

Payment is requested at the beginning of each session unless other arrangements have been made in advance.

The initial intake and assessment session is **$175.00** for a 50-minute session. Ongoing psychotherapy sessions are **$170.00** for 50 minutes.

Court-involved cases are billed at **$210.00** per 50-minute session. When I am appointed by the Court to serve in a specific professional role, such as a Special Master or Parenting Plan Coordinator, a **$5,000 retainer** is required. The retainer will be replenished when the balance falls below **$2,500**. Any unused portion of the retainer will be refunded within thirty (30) days after the conclusion of services.

Professional services provided outside of scheduled appointments—including report writing, correspondence, consultation, document preparation, record review, telephone conferences, meetings with other professionals, court preparation, or similar services—are billed at my standard professional rate unless otherwise agreed upon.

If my business partner, **Arthur Fuerborne, Esq.**, participates as a member of your professional team for legal consultation, document preparation, mediation, or related services, his fees are governed by a separate professional agreement between you and Mr. Fuerborne.

Payment may be made by cash, check, Zelle, or Venmo.

Accounts that remain unpaid beyond thirty (30) days may be assessed a **$25.00 monthly late fee**. Every reasonable effort will be made to

resolve outstanding balances before collection services are considered.

Cancellation Policy

Your appointment time is reserved specifically for you. If you need to cancel or reschedule an appointment, I ask that you provide **at least forty-eight (48) hours' notice** whenever possible.

You may notify me by voicemail, text message (preferred), or email twenty-four hours a day, seven days a week.

Appointments canceled with less than forty-eight hours' notice, or appointments that are missed without notice, will be charged the full session fee. Insurance companies generally do not reimburse for missed appointments; therefore, this fee remains the client's responsibility.

Whenever my schedule permits, I will make every reasonable effort to offer another appointment during the same week. If I am able to do so, I may waive the missed appointment fee at my discretion.

Telephone, Email, and Text Communication

Brief communication between sessions is often an important part of the therapeutic process. Telephone calls, emails, and text messages requiring approximately fifteen (15) minutes or less are provided as a professional courtesy.

When communications require substantially more professional time, they become part of the clinical services I provide and will be billed at my standard professional rate, rounded to the nearest half-hour.

Because email and text messaging are not completely secure methods of communication, I encourage clients to reserve sensitive clinical discussions for scheduled appointments whenever possible. These methods of communication should not be relied upon during emergencies.

I make every reasonable effort to return telephone calls and respond to messages promptly. During periods of crisis or court-related

matters, I often respond more quickly whenever my schedule permits. Although I value being accessible to my clients, psychotherapy is generally most effective during scheduled appointments where we have adequate time, privacy, and the opportunity for thoughtful discussion.

Treatment of Minors

Children under the age of eighteen (18) generally require the consent of all individuals who have legal authority to consent to treatment unless otherwise authorized by law or court order.

Whenever clinically appropriate, I encourage the involvement of parents or legal guardians in the therapeutic process while also respecting the developing privacy needs of children and adolescents.

For court-involved cases, I request copies of all relevant court orders, custody agreements, parenting plans, and other legal documents before treatment begins so that I clearly understand the legal framework within which treatment is being provided.

Individual Sessions During Couples or Family Therapy

It is common during the course of couples or family therapy for me to meet individually with one or more members of the Unit of Therapy. These individual meetings are intended to enhance my understanding of the relationship, improve the effectiveness of treatment, and assist in addressing issues that may be difficult to discuss in a joint session.

Information shared during these individual meetings is treated with professional respect and confidentiality. Whenever possible, I encourage clients to share important information directly with one another in subsequent conjoint sessions. If information arises that significantly affects the therapeutic process or the goals of treatment, I will work collaboratively with the individual to develop a plan for discussing those issues openly.

My goal is never to become the keeper of secrets between members of the Unit of Therapy. If significant information continues to interfere

with the progress of treatment and cannot be addressed constructively, I may determine that I am no longer able to provide effective therapy. In such situations, I will discuss my concerns with those involved and may recommend terminating treatment or referring the case to another qualified professional.

Court-Involved Cases

Court-involved cases often require additional communication, documentation, consultation, and professional time beyond traditional psychotherapy. Whenever a case involves pending litigation or court orders, I require that you provide copies of all relevant legal documents, including divorce judgments, custody orders, restraining orders, parenting plans, and any subsequent modifications.

Please understand that involvement with the legal system may affect confidentiality, privilege, and the nature of my professional role. If these circumstances arise, I will discuss them with you so that everyone clearly understands my responsibilities and the limits of my involvement.

These services require a separate specific Letter of Engagement and/or Agreement depending on the role I am fulfilling in the Family Court arena.

THERAPEUTIC CONTRACT / INFORMED CONSENT FOR TREATMENT

The Therapy Process

Participating in therapy can result in many benefits, including a better understanding of yourself, improved relationships, greater emotional awareness, healthier communication, and the resolution of concerns that led you to seek treatment. Therapy is an active and collaborative process, and meaningful change requires both commitment and participation.

Although therapy is often rewarding, it can also be challenging. Exploring significant life experiences, resolving trauma, changing

long-standing patterns, or improving important relationships may bring about feelings of sadness, anxiety, anger, grief, frustration, or uncertainty before improvement occurs. This is a normal part of the therapeutic process.

For couples and families, therapy sometimes uncovers issues that have existed for many years. As these concerns are addressed, relationships often change. While those changes are frequently positive, they may not always be comfortable. Therapy cannot guarantee a particular outcome; however, I am committed to providing thoughtful, ethical, and competent professional care while helping you work toward the goals we establish together.

I encourage you to ask questions throughout the therapeutic process. I believe the strongest therapeutic relationships are built upon trust, honesty, openness, and mutual respect.

Releases of Information

Your privacy is extremely important to me. Except in those situations described under the limits of confidentiality, I will not release information about your treatment without your written authorization.

From time to time it may be clinically helpful to communicate with physicians, psychiatrists, previous therapists, schools, attorneys, or other professionals involved in your care. These communications are intended to improve coordination of services and continuity of care and generally require your written authorization before they occur.

You may revoke a Release of Information at any time in writing unless I have already acted in reliance upon that authorization.

Although I frequently work with attorneys and other legal professionals, I do not provide legal advice. Whenever legal questions arise, I encourage clients to consult with an attorney regarding their legal rights and responsibilities.

Your Rights as a Client

As a client, you have the right to understand the therapy process and to ask questions about any aspect of your treatment. You are encouraged to participate actively in developing your treatment goals and to discuss any concerns that arise during the course of therapy.

California law provides clients with certain rights regarding access to their clinical records. If you request access to your records, I will discuss the most appropriate method of providing that information in accordance with applicable law. In many situations, reviewing the record together or providing a written summary allows us to discuss the information in its proper clinical context.

In limited circumstances, California law permits a therapist to restrict direct access to portions of a clinical record if releasing that information would create a substantial risk of harm to the client or another person. Should that situation ever arise, I will discuss the available options with you and make every reasonable effort to protect both your rights and your well-being.

Termination of Treatment

Psychotherapy is a voluntary process, and you have the right to end treatment at any time. Although you are not required to do so, I encourage you to discuss your decision with me before terminating therapy. Doing so often provides an opportunity to review your progress, address any remaining concerns, and discuss recommendations that may support your continued growth.

There are circumstances in which I may determine that continuing treatment is no longer clinically appropriate. This may occur if I believe your needs would be better served by another professional, another level of care, or another type of treatment. If that occurs, I will discuss my recommendations with you and assist you in identifying appropriate referral resources whenever possible.

Clients are generally considered active participants in my practice when they maintain regular communication and attend scheduled

appointments. If three consecutive appointments are missed without prior communication, I may conclude that you have chosen to discontinue treatment and your appointment time may be offered to another client. Likewise, accounts that remain substantially past due without prior arrangements may result in the suspension or termination of services until satisfactory financial arrangements have been made.

Whenever treatment ends, whether by your choice or mine, I will make every reasonable effort to assist you in obtaining appropriate referrals or other resources if additional care is needed.

Appointment Cancellations

Because appointment times are reserved specifically for you, I request at least forty-eight (48) hours' notice whenever possible if you need to cancel or reschedule an appointment.

Appointments canceled with less than forty-eight hours' notice, or appointments missed without notice, are charged at the full session fee. Insurance companies generally do not reimburse for missed appointments; therefore, this fee remains the client's responsibility.

Whenever possible, I will attempt to reschedule your appointment during the same week. If I am able to do so, I may waive the missed appointment fee at my discretion.

Telephone, Email, and Electronic Communication

Brief telephone calls, emails, and text messages are often a normal part of the therapeutic process. Communications requiring approximately fifteen (15) minutes or less are provided as a professional courtesy. Over 15 minutes is charged to the next half hour and over 30 minutes is charged to the next hour. Communications requiring substantially more professional time are billed at my standard professional rate.

Although I make every reasonable effort to respond promptly, electronic communication should never be relied upon during emergencies. Email and text (preferred) messaging are convenient

methods of communication; however, they are not completely secure. For this reason, I encourage clients to reserve sensitive clinical discussions for scheduled appointments whenever possible.

I believe being reasonably accessible to my clients is an important part of good clinical care. During periods of crisis or significant family transitions, I often respond more quickly whenever my schedule permits. At the same time, meaningful therapeutic work is generally best accomplished during scheduled sessions where adequate time, privacy, and thoughtful discussion are available.

Extended Sessions

Standard psychotherapy sessions are fifty (50) minutes in length. Occasionally, circumstances may require additional time. Sessions extending beyond fifty minutes are billed on a prorated basis at my standard professional rate.

Emergency Procedures

Psychotherapy is not an emergency service.

If you are experiencing a medical or psychiatric emergency, or believe that you or another person is in immediate danger, call **911** or go to the nearest emergency department immediately.

If an urgent situation develops outside of normal business hours, you may leave me a voicemail or send a text message indicating that your situation is urgent. I will make every reasonable effort to return your call as soon as possible; however, I cannot guarantee immediate availability and should never be relied upon as your only emergency resource.

Consent for Treatment

By signing this agreement, you acknowledge that you have read this Psychotherapy Intake and Informed Consent Packet, have had the opportunity to ask questions, and understand the information it contains.

You understand the nature and purpose of psychotherapy, the limits of confidentiality, my office policies, your rights and responsibilities as a client, and the financial policies of the practice.

You voluntarily consent to receive psychotherapy and related professional services from **Thomas D. Carver, MA, LMFT**, understanding that treatment recommendations may evolve as your needs and circumstances change. Although no specific outcome can be guaranteed, I am committed to providing competent, ethical, and compassionate professional care throughout our work together.

_____

Name (Print)

_____

Signature Date

_____

Therapist Signature Date

NOTICE OF PRIVACY PRACTICES

Your Privacy

Protecting your privacy is one of my most important professional responsibilities. Federal and California law require me to protect the confidentiality of your Protected Health Information (PHI), and I take that responsibility very seriously.

Protected Health Information includes information that identifies you and relates to your past, present, or future physical or mental health, the healthcare services you receive, or payment for those services.

This Notice explains how your health information may be used and disclosed, your rights regarding that information, and my legal responsibilities for protecting it.

Please read this Notice carefully. If you have any questions, I encourage you to ask. I believe understanding how your information is protected is an important part of beginning therapy.

My Legal Responsibilities

I am required by law to maintain the privacy of your Protected Health Information, to provide you with this Notice of Privacy Practices, and to follow the privacy practices described in this Notice.

From time to time, changes in federal or California law may require revisions to these privacy practices. If significant changes occur, the revised Notice will be made available to you and will apply to both your current and previously maintained health information as permitted by law.

How Your Information May Be Used and Disclosed

The information contained in your clinical record is used primarily to provide quality professional care.

For example, I may use your health information to develop treatment plans, maintain clinical records, coordinate your care, schedule appointments, or communicate with you regarding your treatment.

If consultation with another healthcare professional would benefit your treatment, I will generally obtain your written authorization before sharing information unless disclosure is otherwise permitted or required by law.

If you choose to use health insurance, I may disclose information reasonably necessary to process claims, verify benefits, obtain authorization for treatment, or receive payment for services. This information may include your diagnosis, dates of service, treatment plan, and other information required by your insurance carrier.

I may also disclose limited information to accountants, attorneys, billing services, or other professional consultants who assist in the operation of my practice. These individuals and organizations are required to maintain the confidentiality of your Protected Health Information in accordance with applicable law.

Disclosures Required or Permitted by Law

There are circumstances in which federal or California law requires or permits me to disclose Protected Health Information without your written authorization.

These circumstances include, but are not limited to, reporting suspected child abuse or neglect, elder or dependent adult abuse, complying with court orders, responding to certain lawful requests from governmental agencies, preventing a serious and imminent threat to the health or safety of an individual or the public, and other situations specifically authorized by law.

Additional information regarding these circumstances is described in the **Exceptions to Confidentiality** section of this packet.

Whenever appropriate and legally permissible, I will discuss these disclosures with you before information is released.

Uses Requiring Your Written Authorization

Except as otherwise described in this Notice or required by law, I will not disclose your Protected Health Information without your written authorization.

You may revoke your authorization at any time by providing written notice. Revocation will not affect actions already taken in reliance upon your previous authorization.

Your Rights Regarding Your Health Information

You have important rights regarding your Protected Health Information.

You have the right to request access to your clinical records in accordance with California law. You may request that information be corrected or amended if you believe it is inaccurate or incomplete. You may request restrictions on certain disclosures, although there are circumstances in which I may not be legally required to agree to those requests.

You also have the right to request that I communicate with you by alternative methods or at alternative locations whenever reasonably possible. If you would prefer that I contact you only by telephone, only by email, or at a different mailing address, I will make every reasonable effort to accommodate your request.

You may request an accounting of certain disclosures of your Protected Health Information as provided by law.

You are also entitled to receive a paper or electronic copy of this Notice of Privacy Practices at any time.

My office policy is to only provide a written clinical summary and not the entire file due to the potential that it may do harm to one or all of the parties. There is an official procedure for whole files to be released.

Questions or Complaints

If you have questions regarding this Notice or believe your privacy rights have been violated, I encourage you to discuss your concerns with me. Many questions can be resolved quickly through open communication.

You also have the right to file a complaint with the United States Department of Health and Human Services. Filing a complaint will not affect your treatment or the quality of services you receive from me.

INFORMED CONSENT FOR THE USE OF ARTIFICIAL INTELLIGENCE (AI)-ASSISTED CLINICAL DOCUMENTATION

As part of my commitment to providing thoughtful, high-quality psychotherapy, I may use Artificial Intelligence (AI)-assisted documentation technology to help prepare my clinical notes following our sessions. My reason for using this technology is simple: it allows me to spend less time writing notes during our meetings and more time giving you my full attention. My hope is that this allows our conversations to feel more natural while still maintaining accurate clinical documentation.

AI-assisted documentation is simply a documentation tool. It does not provide psychotherapy, diagnose mental health conditions, recommend treatment, or make clinical decisions. It cannot replace my professional judgment, experience, or responsibility as your therapist. Every clinical note created with the assistance of AI is personally reviewed, edited when necessary, and approved by me before it becomes part of your permanent clinical record. I remain solely responsible for every aspect of your care and for the accuracy of your medical record.

Confidentiality remains one of the foundations of psychotherapy. The use of AI-assisted documentation does not change my ethical or legal responsibility to protect your confidential information. I carefully select technology that is designed to comply with applicable federal and California privacy laws governing Protected Health Information (PHI). Whenever required, companies providing these services are expected to enter into a Business Associate Agreement acknowledging their legal responsibility to safeguard your confidential health information.

Because California is an all-party consent state, I will never use AI-assisted documentation involving audio without your knowledge and written permission. If you authorize its use, audio from our session may be temporarily processed solely for the purpose of preparing a draft clinical note. It is not recorded for surveillance, marketing, advertising, or any purpose unrelated to your treatment. Any temporary

audio or transcript is managed in accordance with the privacy and retention policies of the documentation platform I use, my contractual agreements with that provider, and applicable federal and California law. Before using any AI documentation service, I will make reasonable efforts to ensure that it maintains appropriate safeguards for the protection of your confidential information.

The use of AI-assisted documentation allows me to devote more of my attention to listening rather than writing. Many therapists find that this technology improves the completeness and consistency of documentation while allowing sessions to feel less interrupted by note-taking. My goal is to use technology only when it supports, rather than interferes with, the therapeutic relationship.

Although reasonable security measures are used to protect confidential information, no electronic system can guarantee absolute security. As with electronic medical records, email, or other forms of digital communication, there remains a small risk that information could be accessed without authorization despite appropriate safeguards. Should a reportable breach ever occur, I will comply with all applicable federal and California notification requirements.

Your participation in AI-assisted documentation is entirely voluntary. If you prefer that I not use this technology, I will document your sessions using my traditional methods. Your decision will not affect your treatment, the quality of care you receive, my availability to you, or our therapeutic relationship in any way. You may also withdraw your consent at any time by notifying me in writing. If you do so, I will discontinue using AI-assisted documentation for future sessions. Documentation completed before your withdrawal of consent will remain part of your clinical record.

I encourage you to ask questions about AI-assisted documentation before signing this consent. I believe informed consent begins with understanding, and I want you to feel comfortable discussing any concerns you may have about how this technology is used or how your information is protected.

Most importantly, I want you to know that technology will never replace the human relationship that is at the heart of psychotherapy. AI-assisted documentation is intended only to improve the efficiency and accuracy of my clinical recordkeeping so that I can devote more of my attention to listening carefully, understanding your experiences, and working collaboratively with you throughout the therapeutic process.

Please indicate your choice below.

☐ I consent to the use of AI-assisted clinical documentation during my psychotherapy sessions.

☐ I do not consent to the use of AI-assisted clinical documentation during my psychotherapy sessions.

_____

Name (Print)

_____

Signature Date

_____

Name (Print)

_____

Signature Date

If the client is a minor or otherwise unable to provide informed consent, the signature of a parent, legal guardian, or other authorized representative is required.

_____

Name (Print)

_____

Signature Date

_____

Name (Print)

_____

Signature Date

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices describing how my Protected Health Information may be used and disclosed and explaining my rights regarding that information.

I understand that I may ask questions regarding these privacy practices at any time.

_____

Name (Print)

_____

Signature Date

_____

Name (Print)

_____

Signature Date

If the client is a minor or otherwise unable to provide informed consent, the signature of a parent, legal guardian, or other authorized representative is required.

_____

Name (Print)

_____

Signature Date

Contact Information

If you have questions regarding this Notice or my privacy practices, please contact:

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Email: thomas@thomascarver.com

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Effective Date August 4, 2026 and remains in effect until revised.