

## **OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES**

**Confidentiality:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**When Disclosure is Required by Law:** Some of the circumstances where disclosure is required by law are: where there is reasonable suspicion of child, dependent or elder abuse or neglect, or where a client presents a danger to self, others, to property, or is gravely disabled.

**When Disclosure May be Required by Law:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and /or testimony by the custodian of records. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family members. The therapist will not release records to any outside party unless authorized by all family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together where your therapist becomes concerned about your personal safety, the possibility of you injuring someone else or about you receiving proper psychological care, the therapist will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, the law permits the therapist to contact the person whose name you have provided on the intake form as the emergency contact, without your verbal or written consent.

**Legal Issues:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), you agree to pay the fee of \$125 per hour for any expert witness and/or court appearance

made by the therapist on your behalf. Further, you agree to pay \$25.00 per letter written on your behalf for legal, medical, education, or social services matters.

**Consultation:** Your therapist is a Licensed Marriage and Family Therapist. She will use your health information to make decisions about the provision coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. Confidentiality is fully maintained.

Considering all of the above exclusions, if it is still appropriate, upon your request, the therapist will release information to any agency/person you specify after you complete and sign The Authorization to Release Information Form provided by the therapist.

**Telephone & Emergency Procedures:** If you need to contact your therapist between sessions, please leave a message at (818) 538-9978. Your call will be returned as soon as possible. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone immediately, you can call Olive View/UCLA Medical Center at (818) 364-1555 or 911.

**Payments:** Your fee will be determined during the intake. If financial hardship is current, your therapist may offer a fee based on your ability to pay. Your fee is contractually agreed upon at the time of intake to be paid in full at the time of each visit. Your fee will be reevaluated annually, and/or as your financial circumstances change.

**Mediation & Arbitration:** All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the therapist and you. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, the therapist can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in

arbitration or collection proceeding shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

**Cancellation:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification.

**Returned Checks:** If the bank returns any of your checks made payable to the therapist, you will be responsible for the amount of the check and an additional \$25.00 service charge.

Client's Initials \_\_\_\_\_ Date \_\_\_\_\_

Therapist's Initials \_\_\_\_\_ Date \_\_\_\_\_