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Disclosure Statement and Agreement for Services

I am licensed in the State of California. At any time during your treatment, you are welcome to inquire about my education, background, experience, and professional orientation. The intent of this document is to provide you with important information regarding your treatment, in addition to obtaining your consent for therapeutic services.

About the Therapy Process

I believe that therapists and clients are partners in the therapeutic process and it is my intention to provide services to you that will assist you in reaching your goals. Based on the information that you provide, in addition to my clinical observations, I will provide you with my assessment and recommendations regarding your treatment. Psychotherapy is not a guarantee of a cure, however, the success of your therapy depends on your willingness to consistently work towards positive change within your life.

Appointments

Therapy sessions are 50 minutes in length, however 80-minute sessions can be arranged in advance, and are pro-rated at the hourly rate. Therapy sessions are typically scheduled to occur once per week. If you must cancel or reschedule an appointment and are unable to provide me with 24 hours notice, you will be responsible for the full payment of the missed session. Should you not appear for your scheduled appointment or arrive late, you will be expected to pay the full fee for that session.

Fees and Payment

The fee for a 50-minute session is a $150. Such fees may be re-evaluated and subject to change annually. Payment in full is due at the time therapy sessions are rendered. Payment can be made with cash or check. Additional charges will be collected for professional services rendered that are not part of the usual therapy session, such as elongated phone (or in-person) contacts, preparation of special forms, reports, letters, and court time. If for some reason you find that you are unable to continue paying for your therapy, please inform me immediately.

Confidentiality

All communications between a client and a psychotherapist are held strictly confidential and can only be released with a written consent from the client or as may be required by a court order. Parents/guardians who provide authorization for their child's treatment are often involved in their treatment, therefore, I, in the exercise of my professional judgment, may discuss the treatment progress of minor client with you (the parent or guardian).

Exceptions to confidentiality, mandated by law, include the following circumstances:

1. If there is reasonable cause to believe there is a clear and imminent danger to another person or persons.

2. If there is reasonable cause to believe that the client is a danger to himself/herself.

3. If there is reasonable cause to believe there is child, elder, or dependent adult abuse.

Therapist Availability

I am often not immediately available by telephone. You may leave a message for me at any time on my confidential voicemail and I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of the times when you are available. In the event of an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency services.

Agreement for Services and Fees

I, _____, have read the above and give my consent for

treatment for myself and / or my child (child's name) _____.

I agree that the fee per session is $150.00. I understand and agree to the terms and

policies of this statement and have received a copy of the same.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____