

STATEMENT OF UNDERSTANDING

PLEASE READ CAREFULLY, SIGN AND RETURN ONE COPY TO ME AND KEEP THE OTHER COPY.

PAYMENT: Fees are due at the beginning of each session. If paying by check, please do so in advance so you don't use your session time. Any changes in fees will be made with a minimum of two weeks notice. You will not be charged for telephone calls under 5 minutes. Other calls will be prorated. I do not accept nor bill insurance companies but will provide you with a billing statement upon request.

Your therapy session is scheduled for **50 minutes**. If you are late, the session will still end as originally scheduled. If I am late, the time will be made up either during that or a subsequent session.

CANCELLATIONS/MISSED APPOINTMENTS: A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled with less than twenty-four (24) hours' notice you will be billed according to the scheduled fee. I would appreciate knowing about cancellations as soon as possible.

CONFIDENTIALITY: As a psychotherapist I have the ethical and legal obligation to protect your legal right for information given during psychotherapy sessions to be kept completely private. There are several conditions under which this right may be superseded.

- If I have reason to believe that a person is in danger from violence that a patient may commit (to another or to him/herself, I must take action to warn that person and any relevant authorities.
- If I have reason to believe that a case of child abuse, whether disclosed to me by the child, other adults, or the abuser, I legally must report it.
- If I have reason to believe that a case of elder abuse, I legally must report it.
- There are also some law suits that you may initiate that may give the sued party the right to force information from a therapist.
- If there is an unpaid balance that I cannot collect in any other way, I sometimes use a credit collection agency or Small Claims Court. By incurring a bill with me without making arrangements and not paying, you give me the consent to disclose identifying information, your debt, the dates of treatment, and the date and amount of payments to the collection agency and the courts.

TELEPHONE: To reach me by phone, call **310-490-2130**. If I am available, I answer the phone; I do not monitor calls, but I do return all calls. If I am not available, you can leave a message. Please leave a **brief message with your name, good times to reach you, and your phone number**. I check for messages frequently and, with the exception of weekends, will get back to you as soon as possible. Remember, machines are fallible so, if you don't hear from me in a reasonable length of time, please call again. In an emergency, I will return your call as soon as I receive it, including weekends. If you do not reach me immediately, please use community resources--your local hospital emergency room, 211 or Suicide Prevention Center (toll free) 877.727.4747.

LETTERS: There will be a prorated fee based on my hourly fee for reviewing your chart and writing any letters on your behalf. The prorated fee is based on my actual fee not on the sliding scale fee.

ADDRESSE CHANGES: Please advise me if you change your address, telephone number(s) or place of employment.

OUT OF TOWN: I am out of town occasionally for periods of 1-2 weeks and on week-ends. If this is difficult for you, please discuss it with me at our next session. Another psychotherapist is on call for emergencies when I am away.

TERMINATIONS: Endings are an important life experience and an important part of therapy. If you are considering ending your therapy, I want to discuss it with you in person.

If you have any questions or comments regarding the above information, please discuss them with me at our next session. I look forward to a productive and satisfying therapeutic relationship.

I have carefully read, understood and agree to the above terms. Date _____

Signature of Client(s)

Print Name(s)