5655 Lindero Canyon Rd #225, Westlake Village CA 91362 805 231 8162 www.westlakepsychotherapy.com

Treatment Agreement and Limits of Confidentiality

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Sessions

Your therapy sessions are 50 minutes. The fee for therapy is \$200.00 per session. Please be aware it is your responsibility to keep your account with me current and up to date. There is a \$25.00 charge for all returned checks. Fees are subject to increases periodically (quarterly, semiannually, annually or as per arrangement.)

Cancellation

The scheduling of an appointment involves the reservation of time specifically for us. If an appointment is missed or canceled with less than 48 hours notice, you will be billed for the session.

Phone Calls:

My voice mail is available 24 hours a day. I do my best to return calls as soon as possible. On weekends or holidays phone calls may not be returned until the next business day unless you state on the message it is urgent.

I encourage you to contact me if you are in pressing need to talk with me in between our sessions. If our conversation is longer than 10 minutes it will be considered a phone session and will be billed at your session rate and you will only be billed for the time used.

Emergency:

If you feel you have an emergency please call the Police (911) right away, or go to your nearest Hospital Emergency Room.

Billing Statements /Insurance:

I will provide you with a billing statement that you can submit to your insurance for reimbursement. Billing Statements are done at the end of each month.

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Treatment Agreement and Limits of Confidentiality (cont.)

Confidentiality:

Issues discussed in therapy are important and are protected as both confidential and privileged. The release of any information regarding your treatment must be done with your written consent. However, there are limits to confidentiality which are mandated by law:

- 1- When I have good reason to suspect abuse of a child, elderly person or dependent / disabled person may be taking place or has happened.
- 2 When I have good reason to believe that you may seriously harm yourself or are unable to care for yourself.
- 3 If you report that you intend to physically injure someone else the law requires me to inform that person as well as the legal authorities.
- 4 When I am ordered by a court of law or otherwise required by law to release information.
- 5 When you're insurance company is involved, e.g. filing a claim, insurance audits, case review or appeals, etc.
- 6 In natural disasters whereby protected records may become exposed.

| Client Signature | Date |
|---------------------|------|
| Guardian Signature | Date |
| Therapist Signature | Date |

Print an extra copy of this document for your records.