

Office Policies

As a Licensed Marriage and Family Therapist, I am governed by various laws and regulations and by the code of ethics of my profession. The Ethics Code requires that I make you aware of specific office policies and how these policies may affect you. However, many of these policies may be unrelated to our work together.

Limits of Confidentiality: All dialogue between you and myself will be held in strict confidence, except under certain legally defined situations involving threats of self-harm or harm to another, and cases of child abuse, elder abuse, or abuse of otherwise dependent individuals.

Fees & Payment: It is customary to pay for sessions at the time of the session. When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, timeframe, and the name of the clinic.

Insurance: If insurance is used it may be necessary for me to release information to the insurance companies or employers for the purpose of verifying insurance coverage or processing claims. Information that they may request includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Court Testimony: As a LMFT, I do **NOT** provide services in contemplation of legal proceedings. It is my policy **NOT** to become involved in any court proceedings including child custody evaluations. In the event that you choose to subpoena me to appear at and/or testify in court, and/or a deposition, regardless of the nature of the case, you agree to pay a flat non-refundable fee of \$1000.00 at the time the subpoena is served, which secures my commitment for a half-day. Additional required court time will be billed at \$250.00 per hour. The time that I spend preparing, copying and mailing documents including records, letters and reports will be billed at \$175.00 per hour.

Appointments & Cancellation Policy: Sessions are 45-50 minutes long. If you need to cancel or reschedule an appointment, please notify me 24 hours in advance in order to avoid being charged for a missed session. I understand that if I do not cancel a session 24 hours or more in advance, I will be charged for the session at the regular session fee.

Office Information: All psychotherapy sessions are conducted through a HIPAA compliant telehealth platform. This is a secured video compliant software such as Doxy.me or equivalent. My physical office address is at 19849 Nordhoff Street Northridge, CA. 91324. I may conduct telehealth sessions from my physical office or from another location such as my home office.

I may ask you before each session for your current location and phone number in the event of an emergency. I may also ask you to acknowledge that you understand that this session is being provided through a telehealth platform. The scheduled session will be terminated, and continued psychotherapy sessions will be jeopardized if you fail to provide that information and acknowledgement.

Also, driving while attempting to participate in a telehealth session will result in the session being terminated and you will be charged for that session. It is extremely dangerous to attempt to drive while on camera.

I have read, understood, and agree to the conditions stated above.

Client's Signature

Date

Client's and/or Parent's/Guardian's Signature

Date