**OSSI PACE, MA, LMFT**

**Licensed Marriage and Family Therapist # 88864**

**300 S. Beverly Drive, Suite 201**

**Beverly Hills, CA 90212**

**(Phone) 323-842-6556 (Email) ossi@ossipace.com**

**Rights & Responsibilities**

Ossi is honored that you’ve chosen her practice. OSSI PACE, LMFT is known for her professionalism, incredible services, and caring and respectful attitude towards her clients.

**What is Expected of You:**

* It is expected that you will arrive on time for your sessions, and that you will give forty-eight **(48) hours notice** in the event that you need to cancel or reschedule an appointment. If OSSI PACE, LMFT does not receive forty-eight hours notice, you will be charged a regular session for your Late Cancellation.
* No-show fees are charged for appointments broken at the rate of a regular session.
* Payment is due at the time of service. We accept cash, credit and checks as forms of payment for services. When special circumstances arise that make payment difficult, please discuss them with Ossi before they become a problem.
* You are required to have a credit card on file to expedite payment of open balances.
* If you are a couple, you are both responsible for the fees. Should you break up and have a balance with us, you will each be responsible for half of any remaining fees due.

* Therapeutic sessions generally run 60 minutes in length.
* Services last as long as you and your provider agree are necessary.
* **Honesty, openness, active participation and willingness to change are require for the services to be effective**.

**Your Rights:**

- You have the right to ask questions about any procedure or intervention used during service provision.

* You have the right to decide NOT to receive services from OSSI PACE, LMFT and may ask for a referral to another qualified professional whose services you might prefer.
* You have the right to end services at any time without any moral, legal, or financial obligations other than those already accrued and agreed upon.
* One of your most important rights involves **confidentiality**: Within certain limits, information revealed by you during service provision will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.
* You should be aware that there are several situations in which your provider is required by law to reveal information obtained during provision of services to other persons or agencies WITHOUT YOUR PERMISSION. Also, your provider is NOT required to inform you of their actions in this regard. These situations are as follow:

 - If you threaten bodily harm or death to another person, your provider is required by

 law to inform the law enforcement agencies.

* If you threaten bodily harm or death to yourself, your provider will inform law enforcement agencies and others (such as spouse / partner, emergency contact person, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
* If a court of law issues a legitimate subpoena, your provider is required by law to provide the information described in the subpoena.
* If you reveal information relative to child or elder abuse and/or neglect, your provider is **required by law** to report this to the appropriate authorities.
* If you are in treatment or being assessed by order of a court of law, the results of the treatment or evaluation ordered must be revealed to the court.

**Limitations of the service provision contract:**

* OSSI PACE, LMFT is not a physician and cannot prescribe medication or give recommendations about physical problems. Nevertheless, depending on the nature of the presenting concerns, providers might require clients to consult with a physician before proceeding with treatment.

- Providers cannot guarantee that each person’s goals in therapy will be met completely.

* Seeing to resolve issues between family members and other persons can lead to discomfort, as well as relationship changes that may be originally intended.

**Professional Involvement (Consultation):**

OSSI PACE, LMFT is concerned with providing the best services possible. All information is confidential and is only utilized in supervision, or other professional endeavors (while maintaining anonymity).

**Emergency Policy:**

In the event of a clinical emergency, call 911 or proceed to an emergency room for immediate intervention. You may give the attendant your provider’s contact information and also advise your provider of the situation by the next business day. Please note that your emergency contact person may be contacted if their assistance is needed.

**Emergency Contact Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent to OSSI PACE, LMFT to send my referrer a Thank You Letter for their referral. I was referred by (please provide their name and phone number and affiliation if any):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PhonNumber(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consents, Agreements and Disclosures:**

As a client of OSSI PACE, LMFT, I under- stand my rights and responsibilities and consent to be the recipient of its services. I have received a copy of the client’s “Rights and Responsibilities.

Partner A Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Partner B Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a client, I understand my rights and responsibilities and consent to be the recipient of its services. I have received a copy of the client’s “Rights and Responsibilities.”

Please note which ones apply to each of you by marking them with a

P-past or C-current:

\***Partner A**: substance use\_\_\_; sexual and physical abuse\_\_; sexual, money, and health issues\_\_\_; anger, depression, anxiety\_\_\_; obsessions\_\_\_; suicidal thoughts\_\_\_; infidelity\_\_\_; others\_\_\_:

\***Partner B**: substance use\_\_\_; sexual and physical abuse\_\_\_; sexual, money, and health issues\_\_\_; anger, depression, anxiety\_\_\_; obsessions\_\_\_; suicidal thoughts\_\_\_; infidelity\_\_\_; others:

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\*Client A Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Client B Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_