



Shirley Kahenzadeh, MSW, LCSW
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CONSENT FOR TREATMENT

Welcome! I look forward to the opportunity of working with you in therapy. The therapeutic relationship is unique in that it is highly personal and, at the same time, a contractual agreement. Therefore, it is important for us to reach an understanding about how our therapeutic relationship will work and what each of us can expect. The following is a clear framework for our work together to facilitate our working relationship. The following are policies under which I operate my practice. Please feel free to discuss any of these with me.

Appointments

Appointments are 50 minutes in length. If you have to miss a session, I will only charge you if you fail to notify me 24 hours in advance.

Fees

At the outset of treatment I will set a per session fee with you. The fee for each therapy session is \$_____ per session or \$_____ per couple's therapy session. I will expect you to pay at the end of each session unless we have agreed upon a different arrangement. If your account is unpaid for over 60 days and we have not agreed upon other arrangements for payment in full, I have the option of using a collection agency, going through small-claims court, or billing your credit card. If such action is necessary, its costs will be included in the claim. I will also let you know if I plan on taking such actions.

My fees may change over the course of your treatment. Fee for writing a psychology report or other services (e.g., lengthy telephone conversations) are based on an hourly fee. If you become involved in legal proceedings that require my participation you will be expected to pay for my professional time even if I am called by another party. Because of the difficulties involved in attending to legal matters, my fee for participation differs from my customary rates. A schedule of those fees is available to you upon request.

Insurance Reimbursement

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You should be aware that most insurance companies require me to provide them with a clinical diagnosis. Sometimes, I have to provide additional information such as treatment plans or summaries.

Confidentiality

All communication between us will remain confidential unless you request in writing the release of information. I am required by law and professional ethics to break confidentiality under the following circumstances:

- a. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
- b. If there is reason to believe that you have serious intent to harm yourself or someone else.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I will not give any identifying information about you. The consultant is also legally bound to keep the information confidential.

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Availability

I have voice mail on which you can leave me a message. It is important in working with me that you know that I am not on 24-hour call and I do not carry a beeper. I check my messages between 9:00 A.M. and 7:00 P.M. on weekdays and once during the day on weekends. If you need to contact me between sessions, please leave a message and I will make every effort to return your call on the same day you make it. Calls after 8pm may be returned on the following day.

I cannot guarantee that I will be able to respond to you immediately at all times. In case of a true emergency, particularly one that is life threatening, call 911 or go to your local emergency room or dial 911.

If I am on vacation or unavailable for some other reason, you will be informed in advance if possible and I will refer you to an on-call therapist if an emergency should occur. That person's name and number will be accessible by calling my voicemail while I am unavailable.

Professional Records

Both California Law and the standards of my profession require that I keep appropriate records of services provided. The confidentiality of these records is closely safeguarded.

Patients' Rights

You have the right to end therapy at any time, for any reason. You also have a right to question any aspect of treatment, and to expect that I will provide you with a referral to another qualified therapist for adjunctive treatment, or alternative treatment, if you request.

Client Rights and Responsibilities

In addition to your right to confidentiality, you have the right to expect that I will maintain professional and ethical boundaries by not entering into a personal, financial, or professional relationship with you.

Therapy involves a partnership between psychotherapist and client. I will contribute my knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

Please feel free to speak to me about any of the above if you have any questions or concerns. Your signature below acknowledges that you have read and understand these policies.

Name of Client, Please Print

Signature of Client

Date

Name of Client, Please Print

Signature of Client

Date

Signature of Parent or Legal Guardian (if Client is a Minor)

Date