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The client/therapist relationship is a unique one: intimate, highly personal and at the same time, a business contract. It is important that we have a clear understanding and agreement about our responsibilities and obligations.

The majority of individuals who obtain therapy, will benefit from the process. Success may vary depending on the particular problems being addressed. Therapy requires a very active effort on your part. Self exploration, gaining understanding, finding ways for dealing with problems and learning new skills; are generally quite useful for clients. Some risks do exist, however.

While the benefits of therapy are well known, you may experience unwanted feelings such as unhappiness, anger, guilt or frustration. Those are the natural parts of the therapy process that often are the basis for change. Important personal decisions are often a result of therapy. These decisions, including changing behavior, exploring employment options, abusive patterns, schooling or relationships are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed negatively by another family member. There are no guarantees: however, commitment to the process should assist in a helpful outcome.

PAYMENT/FEES/CANCELLATIONPOLICY

All payments are due each session. If you have health insurance, it should be understood that your policy is a contract between you and your insurance company. It is important that you understand its provisions. You are responsible for the payment of your bill regardless of the status of your insurance claim. I will provide a ‘super bill’ (monthly bill) that you can submit to your insurance company for reimbursement.

As part of our agreement, you are responsible for your appointment time. If you are late or if you do not cancel your appointment **24 hours** in advance, you agree to pay the full fee for the time reserved. Each session will be a minimum of 50 minutes in duration.

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Client signature/ Parent if minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_