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Welcome to my practice. I believe that people are full of possibility not pathology. As a coach, I do not assess, diagnose, or treat mental illness. This is a collaborative effort where through our relationship we can open up new perspectives and possibilities, allowing for meaningful change.

This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

MY SERVICES & EDUCATION

I am a certified professional life and relationship coach, and parenting educator. My Master's degree (MA) is in Marriage and Family Therapy. My doctorate (PsyD) is in Psychology - Marriage and Family Therapy. I have extensive post-doctoral training in Emotionally Focused Couple Therapy (EFT). I use a combination of my education and skills to best facilitate our work together. I am a registered Associate Marriage and Family Therapist and a client-centered, humanistic, emotionally-focused, family systems, and attachment trained educator and coach working with adults and children since 1997. I also teach court-mandated Parent Education to parents who wish to re-gain custody of their children. I am a relationship expert working with all types of relationships.

This is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your coach, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

This relationship has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of growth often requires discussing the unpleasant aspects of your life. Coaching often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness, and insight, increased skills for managing stress and resolutions to specific problems. However, there are no guarantees about what will happen. It requires a very active effort on your part. To be most successful, you will have to work on things we discuss outside of sessions.

The first few sessions will likely involve a comprehensive evaluation of your needs and your goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If you feel better served with a mental health professional, I will be happy to help you set up a meeting. _____ **(initial that you have read and understand)**

APPOINTMENTS

Individual appointments will ordinarily be 45-50 minutes in duration, couple sessions preferably 80 minutes in duration, and usually once per week - at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with a **minimum of 24 hours'** notice. If you miss a session without canceling or cancel with less than 24 hours' notice, my policy is to collect the full amount of your fee [unless we both agree that you were unable to attend due to circumstances beyond your control]. Also, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time. _____ **(initial that you have read and understand)**

PROFESSIONAL FEES

The standard fee for the initial 50-minute session is \$185.00, and each subsequent 50-minute session is \$185.00. An 80-min session is \$275.00. You are responsible for paying prior to each session unless prior arrangements have been made. Payment must be made by cash, check, or Venmo. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify. _____ **(initial that you have read and understand)**

INSURANCE

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available to pay for your sessions. You are responsible for your entire fee prior to each session. I do not accept insurance. I am not a participating provider with any insurance company. At your request, I will be more than happy to provide you with a receipt of payment. _____ **(initial that you have read and understand)**

SOCIAL MEDIA

It is unethical for me to have a social media relationship with my clients. I do not accept friend requests from current or former clients on any social media sites such as Facebook or LinkedIn. Friending clients compromises coaching and treatment boundaries. I do not follow former or current clients on any social media sites. I am concerned with your privacy, therefore following would compromise your confidentiality. You are welcome to follow my professional Instagram @askalicounseling or my professional Facebook page Dr. Ali Dubin, PsyD, CPC. _____ **(initial that you have read and understand)**

PROFESSIONAL RECORDS

I do keep minimal session notes. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking coaching, goals and progress made, topics we discussed, session history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to a mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by a mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any health care provider at your written request. _____ **(initial that you have read and understand)**

CONFIDENTIALITY

As we will discuss in our first session together, our sessions are confidential with the exception of the following areas: If I believe there is a case of Child or Senior or Dependent Adult abuse or neglect or if I believe you are a danger to yourself or a danger to others. I am mandated by law to report child/dependent adult/senior abuse/neglect. _____ **(initial that you have read and understand)**

PARENTS & MINORS

While privacy is crucial to successful progress, parental involvement can also be essential. All parental communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised. In the event a minor (under age 18) is the client, parent's/guardian's signature(s) below is indication of permission to treat. ____ / ____ **(Parents, please BOTH initial that you have read and understand)**

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail, and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If for any number of unseen reasons, you do not hear from me, or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your local Hospital Emergency Room, or call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences. ____ **(initial that you have read and understand)**

OTHER RIGHTS

If you are unhappy with what is happening in our work together, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to a mental health professional and are free to end coaching at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin. You have the right to ask questions about any aspects of coaching and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

By signing below, you consent to these terms and waive the rights herein specified, and you know that you have the right to consult legal counsel before executing this document. ____ **(initial that you have read and understand)**

DISCLAIMER and CONSENT TO COACHING

I understand that this is a coaching relationship and not therapy. I understand that in this coaching relationship that I will not be assessed, diagnosed, or treated for mental illness. Your signature below indicates that you have read, understand, and consent to the above policies and disclosures and agree to the terms.

Signature of Client (or parent, if Client is a minor)

Printed Name of Client (or parent, if Client is a minor)

Date _____

Please retain a copy of this contract for your records.