

**Suda Centers, Inc.
Encino, West Los Angeles, Glendale**

Therapist _____
Telephone # _____
License # _____

Welcome to our practice. This document contains important information about my professional services, business practices, and legal and ethical considerations as they pertain to the client-therapist relationship. By signing this document, you are entering into an agreement with the therapist and acknowledging “informed consent.”

Confidentiality

For adults who enter into therapy, the conversations are confidential. I will not share our conversations with outside parties, unless the client signs a written request to release any information. As it pertains to couples or marital therapy, both parties would need to sign a release in order to release any information. Legal exceptions to confidentiality do exist. In the cases of child or elder abuse, or if the client presents a danger to himself or someone else, I would be legally mandated to break confidentiality. Court orders (but not subpoenas) also constitute exceptions to confidentiality and client-therapist privilege.

Minors and Confidentiality

Communications between therapists and their minor clients are protected by confidentiality, just as with adult clients. However, parents/guardians who provide authorization for treatment often wish to be involved in their child’s well-being and to know in general terms how the child is doing. As such, I tend to include parents in their child’s treatment in a very limited capacity, and I use my professional judgment about how much to share (or not share) with the parents or guardians.

Appointments, Cancellations, and Fees

Fifty (50) minutes constitutes a unit of treatment in therapy and is the standard length of a session. The fee for therapy is set by your insurer, and you will be responsible for paying the co-pay each session, which is also set thru insurance. Co-payments will be collected at the beginning of each session.

Your consistent attendance at therapy is vital to reaching goals and ensuring a successful outcome. Cancellations must be made with 24 hours notice. Failure to do so will result in you being billed for services at the same rate at which Kaiser Permanente reimburses. You are responsible for this payment. Insurance does not cover missed sessions.

Emergencies

You will not be billed for missed appointments due to emergency. In the event of an emergency, do not contact your therapist, but instead call 911 to request emergency assistance.

Insurance

I am currently an approved external provider for Kaiser Permanente. For all other insurers, I am out-of-network and would provide you with a superbill/invoice which you may submit to your insurance company for reimbursement (PPO and POS plans). Whether or not the insurance company will reimburse for out-of-network services is between the client and the insurance provider.

Your signature indicates you have read this document and understand its contents.

Name: _____

Date: _____

Signature: _____