

Jean Wolfe Powers, M.A., L.M.F.T.

Licensed Marriage and Family Therapist

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Understandings and Agreements

My signature indicates that I have read, understand and **agree** to the practices and policies summarized below:

I give Jean Wolfe Powers L.M.F.T. permission for myself/ my minor child, to be treated/assessed/ evaluated by psychological methods. I understand the limits of these methods, and that there is no guarantee of the outcome I expect or hope for.

I understand that Jean Wolfe Powers will attempt to keep my private information confidential, and that there are limits to confidentiality as governed by various laws and ethics such as mandated child abuse reporting.

I understand that any appointment cancelled with fewer than 48 hours notice (in advance of its scheduled starting time) will be charged to me at the full rate.

I know that my payment is due at the time of service. Invoices will be sent monthly unless otherwise requested. It is my responsibility to know what is owed. I also agree that Ms. Powers has the right to divulge my confidential information to the degree needed to obtain payments not made by me via: my insurance company/companies, a collection company, and/or the legal system.

I am aware that Ms. Powers does NOT have 24 hour coverage. In the case of a psychological emergency, phone sessions are subject to the fee of a full session for any portion of 45 minutes. This fee will be charged directly to me.

In case of a psychological emergency, if I do not reach Ms. Powers immediately, I should do one or more of the following things: dial 911, contact my physician, call a local crisis hotline.

Name _____ Signature _____

Date _____