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INFORMED CONSENT FOR TH ERAPY SERVICES AND LIMITS OF LIABILITY

PSYCHOLOGIST, LMFT, LCSW-CLIENT SERVICE AGREEMENT

Welcome to Advanced Mental Health Center, Inc. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. 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. You and your clinician (Psychologist, Licensed Marriage and Family, Licensed Social Worker, and Interns) can discuss any questions you have when you sign the more at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy 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. Your therapist also has corresponding responsibilities to you. These rights and responsibilities are described in the following sections. Psychotherapy 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 psychotherapy often requires discussion the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increase satisfaction in interpersonal relationships greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems But, there are no guarantees about what will happen.

Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I or other assigned clinician will be able to offer you some initial impressions of what your work might include. At that point, you and I will discuss your treatment goals and create an initial treatment plan.

You should evaluate this information and make your own assessment about whether you feel comfortable working with me or other assigned clinician. If you have questions about our procedures, you should discuss them with me or other assigned clinician whenever they arise. If your doubts persist, my office will be happy to help you set up a meeting with another mental health professional for a second opinion or provide you with three other referral sources in the area.

APPOINTMENTS

Appointments will ordinarily be 50 minutes in duration once per week at an agreed upon time, 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, we ask that you provide us with 24 hours' notice. If it is possible, we will try to find another time to reschedule the appointment.

In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL RECORDS

We are required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we 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, we recommend that you initially review them with me or your assigned clinician or have them forwarded to another mental health professional to discuss the contents.

CONFIDENTIALITY

Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. All contacts with this office, including telephone, mail, in person interview, etc., are considered confidential and will not be shared with an outside agency or person without your prior consent, in writing. We appreciate the need for confidentiality, both in dealing with people

and in keeping secure records. A few laws govern our clinicians, and these laws require us to report any reasonable suspicion of child abuse, which can include physical sexual, emotional abuse, and/or neglect.

We must also report any suspicion of physical abuse of a dependent adult who is 18 years or older, and we must report elder abuse, of anyone 65 years or older. In addition, if the clinician has reasonable cause to believe that you are a danger to yourself or to the person or property of another, then disclosure may be made to an appropriate person or agency to prevent the threatened danger. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy not to provide treatment to a child under age 13 unless s/he agrees that we can share whatever information we consider necessary with a parent. For children 14 and older, we request an agreement between the client and the parents allowing the clinician to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement unless the clinician feels there is a safety concern, in which case we will make every effort to notify the child of our intention to disclose information ahead of time and make every effort to handle any objections that are raised.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me directly or to your assigned clinician so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request to be referred to another mental health agency. You are free to end therapy 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, national origin, or source of payment. You have the right to ask questions about any aspect of therapy and about me or your assigned clinicians specific training and experience. You have the right to expect that I and your assigned clinician will not have social or sexual relationships with clients or with former clients.

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent,) the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative:

X _____

Description of Personal Representative Authority

Printed Name of Patient or Personal Representative

Date: _____