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Psychotherapist - Patient Services Agreement

Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. When you sign this agreement it will represent an agreement between us. My goal here is to create a clear framework for our work together, help avoid misunderstandings and facilitate our working relationship.

Psychotherapy

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has been shown to have many benefits for people who follow through with treatment. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Please understand that there are no guarantees regarding the specific outcome of therapy, or what you will experience during the course of therapy. Psychological change is largely individual and depends on your sustained commitment, flexibility and honesty; both with yourself and me. This commitment often involves courage. I will be with you to provide support, and empathy to help you reach your therapeutic goals.

Sessions

Our first few sessions will involve an evaluation of your situation and needs. I will give you my first impression of what our work will include. You should evaluate this information to determine whether you feel comfortable working with me. Therapy often involves a commitment of time, money and energy.

Each session is 50 minutes, at least once a week. More frequent sessions can be arranged to facilitate more intensive work on deeper psychological issues.

Cancellation

Once an appointment hour is scheduled, you will be expected to pay for the session unless you provide 24- hour (1 full day) advance notice of cancellation.

Professional Fees and Payment

Fees are based on 50 minute sessions. You are responsible for the specified payment at the end of each session.

I do not bill insurance directly but will assist you by completing a “super bill” that you may submit to your insurance company. It is important that you find out exactly what mental health services are covered by your insurance policy.

You should also be aware that your contract with your health insurance company may require that I include information relevant to the services provided to you. I may be required to provide a clinical diagnosis. I also may be required to provide treatment plans, summaries, or copies of your clinical record. In such situations I will make every effort to release the minimum amount of information about you that is necessary for the purposes requested. By signing this agreement, you understand that I may be required and allow me to provide the requested information to your insurance provider.

Contacting Me

I can be reached at (310) 890-8305. Due to my work schedule, I am often not immediately available by phone. I do check my messages frequently throughout the day, Monday - Friday. I will make every effort to return your call within 24 hours. If you are unable to reach me and cannot wait for me to return your call, contact your physician or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide the name of a colleague you may contact, if necessary.

Limits of Confidentiality

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by state law. However, there are some situations that I am permitted or mandated to disclose information without either your consent or authorization:

- * If I feel a client is a danger to themselves (suicidal) or others (homicidal), I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- * If you are involved in a court proceeding and a judge issues a court order for your records, I am required by law to provide a summary.
- * If I have knowledge or reasonably suspect that a child under the age of 18 has been the victim of child abuse or neglect, the law requires that I file a report with the Department of Children Services. Once such a report is filed, I may be required to provide additional information.
- * If I observe or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult. In this situation the law requires that I report to the appropriate

governmental agency. Once such a report is filed, I may be required to provide additional information.

* If a client communicates a serious threat of physical violence against an identifiable victim, I must take protective actions, including notifying the potential victim and contacting the police. I may also seek hospitalization of the client, or contact others who can assist in protecting the victim.

If any of these situations arise I will make every effort to discuss it with you before taking any action and I will limit my disclosure to that which is necessary.

Minors and Parents

Clients under 18 years of age who are not emancipated cannot consent to psychological services. A client over the age of 12 may consent to psychotherapy if he or she is mature enough to participate intelligently in such services and the minor feels there is a good reason (psychologically damaging) not to involve their parents. Non emancipated clients under 18 years of age and their parents should be aware of the law which may allow parents to examine their child's treatment records, unless I determine that access would have a detrimental effect on my professional relationship with the client, or his/her physical safety or psychological well-being. I will provide parents with only general information about the progress of treatment. Before speaking with the clients parents I will discuss the matter with the child, and do my best to handle any objections he/she might have. I truly believe that the families involvement in therapy is extremely important to the clients healing process. From time to time I will ask that family members join the client's session. I look forward to your involvement in this process.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT
AND AGREE TO IT'S TERMS.

Client Printed Name

Client's Signature

Date