

Deborah Weisberg, LMFT, LPCC

Psychotherapy

Informed Consent to Psychotherapy and Office Policies

Welcome. I look forward to working with you and want to give you some important information about the services you will receive. Please feel free to ask me any questions or offer comments about the policies or any other aspect of your treatment. Psychotherapy requires both the therapist and the client to be available for open, honest dialogue. I will always welcome your input.

Payment for Services: Fees are due in full at the beginning of each session. They can be paid for by check, cash or credit card. Fees are subject to periodical increase. Any increase will be made with consideration for your ability to stay in treatment. If you are not able to pay and we are unable to negotiate a new fee, I will provide you with referrals so continuity of treatment can be maintained. If, for any reason, problems arise in your ability to make timely payments, or if you require an alternate payment plan, please feel free to talk to me about it.

I do not charge for telephone calls under 10 minutes in duration. Above this, a fee will be pro-rated according to your usual hourly fee.

If you have insurance coverage, I can provide monthly statements for you to submit to your insurance company upon your request. I will not generate a monthly statement without either your request or my need to do so. I will respond to inquiries from your insurance company only with your permission. You are encouraged to check with your insurance company regarding limitations for mental health coverage, including number of sessions allowed and/or the type of mental health professional they will reimburse. In the rare situation where I submit insurance billing and await reimbursement for services rendered, your co-pay is due at the time services are provided, and payment from the insurance company is made directly to me. Your signature on this form will indicate your agreement to assign benefits.

Sessions and Cancellations: You will be given regular appointment times that I will keep open for you each week. If you miss several appointments, it may better to have a “floating” appointment time instead. Coming in for therapy more frequently seldom indicates more serious psychological or personal problems rather, a desire for more intensive self-reflection. Individual sessions are 50 minutes long. If you must cancel your appointment, you must do so with at least **48 hours advance notice**, otherwise you are responsible for your missed session. Upon your request and if my schedule permits, I will make every effort to reschedule your appointment.

Accessibility: If you need to contact me between sessions, you may leave a message any time of the day or night at (310) 712-5650. Please be aware that I cannot always be reached by phone immediately, however, I will make every effort to respond to your call within 24 hours. If an emergency arises and you need immediate assistance, you might

(310) 712.5650 822 S. Robertson Blvd Suite 303 Los Angeles, CA 90035

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call your physician, psychiatrist, the police (911), or go to the nearest Emergency room and state that you are in crisis.

Confidentiality: California law strictly guarantees your right to a confidential relationship with me. As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said in any way that identifies you without your written permission. There are some instances however, in which your right to confidentiality must be set aside as required by law or professional guidelines. These include the following:

- a. Instances of suspected abuse or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services agency.
- b. If I have reason to believe that you as a client pose an imminent danger of violence to another person, I must take steps to protect whomever may be in danger.
- c. If a court has ordered your treatment with me, or if I am served with a subpoena, I may be required to release information to the court, or may have to appear in court.
- d. Finally, if you as a client reveal a serious intent to harm yourself, or if you become unable to care for yourself such that you become a danger to yourself, I am ethically bound to do what I can to help keep you safe, which may involve notifying others who may be of help.

In all of the above cases, I would release only that information necessary to appropriately carry out my responsibilities. Your confidentiality remains an ethical priority. On occasion, I may consult with other professionals regarding your treatment in order to improve quality of care. No identifying information will be revealed during these consultations and confidentiality will be fully maintained.

Text messaging and email are not considered secure, confidential communications. If these methods are used it should be for scheduling purposes only and your signature will indicate your understanding of the limitations of confidentiality when it comes to email and text message.

Patient Litigation: Should I be subpoenaed, or ordered by the court of law to appear as a witness in an action involving you, I will request to be compensated for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at a rate of \$250/hour. You should be aware that in most cases, you will be waiving the psychotherapist-patient privilege if you make your mental or emotional state an issue in a legal proceeding. Please address any concerns you might have regarding the psychotherapist-patient privilege with your attorney before involving mental health information.

Minors and Confidentiality: Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their

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treatment. Consequently, I may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic.

Ending Therapy: You have the right to terminate therapy at your discretion. Upon a decision to terminate therapy, I will generally recommend that you participate in at least one, possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give us both an opportunity to reflect on the work that has been done. I may, at this time, also offer any necessary referrals to another provider. I also reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, patient needs that are outside of my scope of competence or practice, or if there was not adequate progress in therapy.

Please sign below indicating that you have read this consent form and agree to abide by these policies:

Printed names of client and parent if client is a minor

Signature of client or of parent if client is a minor

Date

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