

Informed Consent

Everyone participating in therapy is entitled to **confidentiality** with certain exceptions. These include situations where a client presents a danger to him/herself, and expressed danger to others, or where the therapist suspects that abuse of a child under the age of 18, and elder over 65 or a dependent adult is occurring or has occurred.

Therapy appointments are made in advance and this reserves my time for you. If you need to cancel a scheduled appointment please do so with a **minimum of 24 hours notice so I may schedule another client in that slot. All cancellations must be made via my voice mail at (818) 468 - 9198.** I do not accept cancellations through e-mail. **If you do not give 24 hour notice to cancel, you will be charged your full fee for the missed appointment**_____ (initials).

To contact me between sessions, please call my confidential voice mail at (818) 468 – 9198. In most cases your call will be returned within 24 hours Monday through Saturday. If you are having a life-threatening emergency please call 911.

The amount agreed upon is the sole responsibility of the client. If utilizing insurance benefits, any applicable **co-payments will be paid at the time of service.** Any amount that the insurance does not cover will be paid by the client.

Name of Client or Guardian

Signature of Client or Guardian

Date