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Informed Consent and Contract for Psychotherapeutic Services

The patient-therapist relationship is unique and deeply personal, yet at the same time it is a professional contract. Having a clear understanding and agreement about the responsibilities involved will facilitate our work together. Please feel free to discuss the following guidelines with me.

As therapist, I agree to:

- 1) Maintain as confidential all communications during the therapy session unless you have expressly requested me to release specific information in writing to a specific individual or entity, or unless I wish to consult with another professional. This agreement will not prevent my seeking consultation with professional colleagues whenever I believe it may help me to meet your needs more effectively. If I should choose to consult without written "Release of Information," your identity shall remain confidential. This confidentiality shall be broken in the case of child or elder abuse, threatened suicidality, or physical harm to another (see item #2 below). I may also share the minimum information necessary with your insurance provider for the purpose of receiving payment for services rendered (if applicable).
- 2) Uphold any and all ethical/legal standards of my profession as documented in the CAMFT Code of Ethics. *California Law requires that all mental health professionals report incidents of child or elder abuse as well as any threatened suicide and/or threats of physical harm to another person or property.*
- 3) Discuss termination of therapy and referrals to another therapist whenever that seems appropriate.
- 4) Return any telephone call you make as promptly as I possibly can. There may be occasions when you require my therapeutic assistance by telephone. Please be aware that any telephone session exceeding 10 minutes will be billed as a full session. If the call is long-distance, the cost of the call will also be included. Please note that telephone conversations are different from telephone sessions.
- 5) For purposes of third-party reimbursement, I will provide you with any signed receipts or superbills you require. For third-party payors such as health insurance companies, I will complete and submit all necessary forms and paperwork, and I will make every attempt to communicate and cooperate with the insurance company in the event of payment disputes. However, you are ultimately responsible for full payment of your bill, including charges for any missed sessions (see item #1 below) or claims denied by the third-party payor.

As patient, you agree to:

- 1) Be responsible for your appointment time. Our time together is set for 50 minutes. If you are late or do not cancel your appointment within 24 hours of your scheduled time, you agree to pay the full fee for the time reserved. Should you miss two sessions out of four, it may signal that our therapeutic relationship is not optimal and may need to be terminated.

- 2) Pay for each session as it occurs, unless other arrangements have been made previously. Your out-of-pocket fee for therapy is _____. If insurance reimbursement is involved, your fee/copay is _____.

I trust this information will help you in understanding our professional arrangement. If you have any questions or comments regarding this agreement, I encourage you to discuss them with me.

I have read the above and agree to the terms stated.

Patient Name

Patient Signature

Patient Name

Patient Signature

Date

Christine Eghenian, LMFT