

Long Beach Therapy – Patient Information (Form 1)

Directions: COUPLES & FAMILIES: Please fill out one intake form per person
PARENTS: Fill out “client” info for your child using your child’s info

Today’s date: _____

Where did you hear about us? _____ If from internet, what site: _____

Client’s Legal Name: _____ Preferred Name: _____

Home Address: _____

Number Street (apt#) City State Zip Code

Phone Number where therapist can leave a confidential voicemail: _____

E-Mail: _____ Age: _____

Drivers Lic. #: _____ DOB: _____

Single Married In Relationship Divorced Separated Other

Occupation: _____ Employer: _____

Personal Physician: _____

Name Address

Are you currently taking any medications prescribed by a physician Yes No

If Yes – List medications and dosage _____

For what medical or Psychological conditions? _____

Please describe briefly any major illnesses, accidents, surgical procedures (give dates by year)

Do you have children? Yes No

If Yes - # of children _____ Ages _____

600 E. Ocean Blvd., SUITE# 400B LONG BEACH, CA 90802

Phone: 562.310.9741

Fax: 888-746-6008

Client Questionnaire

I live with

(First Name)	(Age)	(Relationship to me)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please fill in the blanks and Circle anything that is true for you (below):

<p>Please fill in the blanks:</p> <ol style="list-style-type: none"> 1. I normally sleep _____ hours per night 2. I use non-prescribed drugs ___ days per week 3. I drink alcohol ___ days per week <p>Please circle one</p> <ol style="list-style-type: none"> 4. I usually feel emotionally supported by my family: Yes / No 5. I eat: Too much / Too little / Healthy Amounts 6. My self-esteem is: Pretty Good / Bad / Great 7. My energy level is: Too High / Low / Average 8. I have trouble falling asleep and/or staying asleep: Yes / No 9. I have had a major life change in the last year: Yes / No <p>Please circle anything that is true for you</p> <ol style="list-style-type: none"> 10. Afraid 11. Shy 12. Nightmares 13. Unhappy, Cries a lot, Sad 14. Easily distracted 15. Accident prone 16. Worries a lot 17. Thinks/talks about death often 	<ol style="list-style-type: none"> 18. Physical Abuse 19. Temper 20. Hurts self 21. Thinks of hurting others 22. Often angry 23. Has no friends 24. Irritability 25. Impulsive 26. Stubborn 27. Recurrent thoughts 28. Sexual abuse 29. Identity issues 30. Isolates self 31. Emotional abuse 32. Victim of Crime 33. Relationship Problems 34. Emotional Abuse 35. Mood changes 36. Trouble making decisions 37. Trouble concentrating
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What I would like to get out of therapy: _____

Any additional information you feel you need to share...please do so here: _____

Emergency Contact Name: _____ Phone: _____

Have you been in psychotherapy before? () Yes () No • If Yes: () Individual () Group

Dates: _____

Name of psychotherapist _____ Phone _____

Medical Insurance information

Insured Person's Name: _____ Client's Relationship to Insured: _____

Subscriber # _____ Group # _____

Subscriber Date of Birth (e.g. parent or partner): _____

Subscriber Address (if different than yours): _____

Insurance Company Name: _____ Insurance Company Phone #: _____

Insurance Company Billing Address _____

I DO NOT want to use my insurance for therapy

Please Place an "X" in each box if these are or have been present in you/your relatives

	Me	Partner	Children	Sibling(s)	Father	Mother	Aunt/Uncle	Grandparents
Anxiety								
Depression								
Hyperactivity								
Psychiatric Medication								
Psychiatric Hospitalization								
Suicide Attempt								
Death by Suicide	N/A							
Drinking Problem								
Drugs Problem								
Non-Prescribed Drug Use								

Long Beach Therapy

Patient Agreement

FORM 2

As stated in the informed consent, **I understand that I am responsible for the full session fee for any appointments that are cancelled with less than 24 hours' notice and/or "no shows"**. My insurance does not accept charges for those sessions, therefore I am responsible for the full session fee (listed on page 4).

If I cancel with more than 24 hours' notice, I will NOT be charged for that session fee or co-payment. If I keep my scheduled appointment, I am responsible for my fee (listed on page 4) or co-payment that is assigned by my insurance company. I will be responsible for anything the insurance doesn't pay, including deductibles.

If for any reason, my account becomes delinquent by more than 2 weeks, I understand that my appointments will be suspended until my account balance is current. If my account continues to be delinquent it may be assigned to a collection agency.

I agree to pay the appropriate amount at the beginning of each session, unless other arrangements have been made.

Form 3: HIPAA Notice of Privacy Practices

LONG BEACH THERAPY

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (Please note that this particular provision must be set forth in your notice of privacy practices exactly as it is set forth here.)

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office and on my website (if applicable). You can also request a copy of this Notice from me, or you can view a copy of it in my office or at my website, which is located at (insert website address, if applicable).

III. HOW I MAY USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

1. **For treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you're being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care.
2. **To obtain payment for treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business

associates, such as billing companies, claims processing companies, and others that process my health care claims.

3. **For health care operations.** I can disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to our accountants, attorneys, consultants, and others to make sure I'm complying with applicable laws.
4. **Other disclosures.** I may also disclose your PHI to others with-out your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Do Not Require Your Consent. I can use and disclose your PHI without your consent or authorization for the following reasons:

1. **When disclosure is required by federal, state or local law; judicial or administrative proceedings; or, law enforcement.** For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, I may have to report information about you to the county coroner.
3. **For health oversight activities.** For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **To avoid harm.** In order to avoid a serious threat to the PHI to law enforcement personnel or persons able to prevent or lessen such harm.
5. **For specific government functions.** I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
6. **For workers' compensation purposes.** I may provide PHI in order to comply with workers' compensation laws.
7. **Appointment reminders and health related benefits or services.** I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

B. The Right to Choose How I Send PHI to You. You have the right to ask that I send information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail) I must agree to your request so long as I can easily provide the PHI to you in the format you requested.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Get a List of the Disclosures I Have Made.

You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

E. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the

existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

F. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at:

Amie Lowery-Luyties, MFT
600 E. Ocean Blvd. Suite 400-B
Long Beach, CA
(562) 310-9741
longbeachtherapy@ymail.com

VII. EFFECTIVE DATE OF THIS NOTICE: April 14, 2003

Long Beach Therapy - Form 4

Consent to use or disclose information for Treatment, Payment, and Health Care Operations For Long Beach Therapy

CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS (TPO)

Federal regulations (HIPAA) allow me to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you, to obtain payment for the services we provide, and for other professional activities (known as “health care operations”). Nevertheless, I ask your consent in order to make this permission explicit. The Notice of Privacy Practices describes these disclosures in more detail. You have the right to review the Notice of Privacy Practices at any time. If we do so, the revised Notice will be posted in the office. You may ask for a printed copy of our Notice at any time.

You may ask us **IN WRITING** to restrict the use and disclosure of certain information in your record that otherwise would be disclosed for treatment, payment, or health care operations; however, we do not have to agree to these restrictions. If we do agree to a restriction, that agreement is binding.

You may revoke this consent at any time by giving written notification. Such revocation will not affect any action taken in reliance on the consent prior to the revocation.

This consent is voluntary; you may refuse to sign it. However, we are permitted to refuse to provide health care services if this consent is not granted, or if the consent is later revoked.

I hereby consent to the use or disclosure of my Protected Health Information as specified above.

Long Beach Therapy - FORM 5

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

**All references to “my therapist” /” your therapist” refers to:
Amie Lowery-Luyties, MFT**

This form provides you (client) with information that is additional to that detailed in the Notice of Privacy Practices.

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone outside of Long Beach Therapy, Inc. without your (client’s) written permission, except where disclosure is required by law or otherwise stated in this intake packet. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

When Disclosure May Be Required: Disclosure may be required pursuant to legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Amie Lowery-Luyties, MFT and/or your treating therapist at Long Beach Therapy. **In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members.** Your therapist at Long Beach Therapy will use their clinical judgment when revealing such information. Long Beach Therapy will not release records to any outside party unless authorized to do so by all adult clients (12 years and older) unless otherwise stated in this intake packet.

Information from a client’s service record is lawfully mandated as confidential except with regard to the following: suspected child/elder/dependent adult abuse or neglect, harm to self, harm to others (Tarasoff) and witness to domestic violence. In these situations, all therapists employed by Long Beach Therapy are required by law to break confidentiality and report to appropriate authorities (such as the police, Dept. of Children & Family Services, etc).

Emergencies: If there is an emergency during our work together, or in the future after termination, where your therapist at Long Beach Therapy becomes concerned about your personal safety, the

possibility of you injuring someone else, or about you receiving proper psychiatric care, they will do whatever they can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, they may also contact the person whose name you have provided on the “patient information form” (on Page 2 of this intake) without obtaining an additional consent from you to contact this person.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier HMO/PPO/MCO/EAP in order to process the claims. **If you use your insurance to pay for therapy, the insurance company may request your full psychotherapy records without a consent from you at any time (even after you are no longer in treatment).** If you do not want information given to your insurance company, please let your Long Beach Therapy therapist know that you want to opt out of using your insurance to pay for therapy. This means that you are agreeing to pay “out of pocket” for therapy and not use insurance.

Long Beach Therapy and its employees have no control or knowledge over what insurance companies do with the information they submit to the insurance company or who has access to this information they submit. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. Medical insurance claims are filed electronically, which means that there is a risk of your information being “hacked”, sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position when you use insurance to pay for treatment.

Confidentiality of E-mail, Text, Cell Phone, and Faxes

Communication: It is very important to be aware that text, e-mail, cell phone and other electronic communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, texts, and social media, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails/texts/social media that go through them. Faxes and texts can easily be sent erroneously to the wrong address. **Please notify your therapist at Long Beach Therapy at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.**

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact your therapist between sessions, please leave a message at the number provided on their business card. Your call will be returned as soon as possible. Your therapist, checks voicemail messages throughout the business day (from 10am-6pm Monday-Thursday). If an emergency situation arises, please call 911. **Do not use email, faxes, texts, social media (e.g. Facebook) communication, or any other method to contact your therapist in an emergency or urgent matter. Please only use their voicemail to contact your therapist in emergency/urgent situations.** If they are on vacation, they will have an alternate phone number on the outgoing voicemail that you can call in those situations to get

help/assistance. If you attempt to contact your therapist using any other method, they would be unable to respond to you in an emergency situation, so please only contact your therapist via telephone. **Your therapist will respond within 1 business day unless they are on vacation (in which case an alternate number will be given on their outgoing voicemail).**

Consultation: Your therapist consults regularly with other professionals regarding their clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained. Considering all of the above exclusions, if it is still appropriate, upon request, your therapist will release information to any agency/person you specify unless your therapist concludes that releasing such information might be harmful in any way.

PAYMENTS & INSURANCE REIMBURSEMENT: Client's are expected to pay the standard fee of \$150 per 45 minute session by the end of each session unless other arrangements have been made. Fees are to be paid, by credit card, paypal, check, cash, or money order, at the time services are delivered. **Telephone conversations, site visits, report writing and reading, court appearances, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise.** Please notify your therapist if any problem arises during the course of therapy regarding your ability to make timely payments. If you become 2 weeks delinquent in making your payments, sessions will be suspended until your account becomes current. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. You can request a receipt for payments you have made to Long Beach Therapy at any time you are in treatment. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. **Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies.** It is your responsibility to verify the specifics of your coverage. You are responsible for anything your insurance does not pay for.

MEDIATION & ARBITRATION: All disputes arising out of or in relations to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Long Beach Therapy and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, and unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, my therapist and Long Beach Therapy, in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed, Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, my therapist and/or Long Beach Therapy, can use legal means (court, collection agency, etc) to obtain payment. The prevailing party in arbitration or collection proceedings shall

be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Your therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Your therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, your therapist is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral., psychodynamic, existential, system/family, developmental (adult, child, family), or psycho-educational.

Discussion of Treatment Plan: Without a reasonable period of time after the initiation of treatment, your therapist will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcome of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, your therapists' expertise on employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that your therapist does not provide, they have an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first few meetings, your therapist will assess if they can benefit you. Therapists at Long Beach Therapy do not accept clients who, in their opinion, they cannot help. In such a case, they will give you a number of referrals that you can contact to obtain help/treatment. If at any point during psychotherapy your therapist assesses that they are not effective in helping you reach the therapeutic goals, they obliged to discuss it will you and, if appropriate, to terminate treatment. In such a case, they would give you a number of referrals that

may be of help to you. If you request it and authorize it in writing, your therapist will talk to the other psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, your therapist at Long Beach Therapy will assist you in finding someone qualified, and, if they have your written consent, they will provide the therapist of your choice with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, your therapist will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable.

Therapy never involves sexual or any other dual relationship that impairs your therapists' objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Your therapist will assess carefully before entering into a non-sexual and non-exploitative dual relationship with clients. Long Beach can be a small community and many clients know each other and you may know your therapist from the community. Consequently, you may bump into someone you know in the waiting room or bump into your therapist out in the community. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your responsibility as the client to communicate to your therapist if the dual relationship becomes uncomfortable for you in any way. Your therapist will always listen carefully and respond accordingly to your feedback. Your therapist will discontinue the dual relationship if they find that it is interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time. Your therapist will never acknowledge working therapeutically with anyone without written permission.

Cancellation: Since scheduling of an appointment involves the reservation of time specifically for you, the minimum of 24 hours' notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.