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Consent for Treatment

Please read carefully.

As your therapist, I look forward to working with you and want to give you some important information about the services that you will receive. I hope that this information will provide a clear explanation of some of the aspects of our work together, and will facilitate our working relationship. Please feel free to discuss any of this information with me.

Sessions:

Your appointment time is reserved for you. Individual sessions are normally 45 minutes.

48-hour notice is required for any cancellations. You will be charged in full if 48-hour notice is not given or you miss an appointment.

Confidentiality:

The content of psychotherapy sessions is considered confidential and privileged, as in the identity of the client. There are, however, conditions under which the therapist has the legal or ethical obligation or right to breach the agreement of confidentiality. Those circumstances include, but may not be limited to the following:

- If I have reason to believe that you present a serious danger to yourself. I am ethically bound to keep you safe, which may involve notifying others who may be of help.
- If I have reason to believe that you present a danger to another person as a result of a violent act, which you may commit. I must take action to protect that person.
- Instances of suspected abuse of a child, an elderly person, or a dependent adult must be reported to the appropriate protective service.
- If a court has ordered your treatment with me, or if you introduce your emotional condition into a legal proceeding and I am subpoenaed, I may be required to release information to the court or to give testimony.
- If you are a couple, written consent of both parties is required for any release of records.
- If you are a family, written consent of all adult participants in the treatment is required for release of records.

Releasing Information to Other Professionals:

- If you apply for insurance reimbursement, I am required to supply a diagnosis, dates of treatment, and charges for treatment.
- There may be times that I seek consultation with other professionals, such as your physician, regarding your care. In that case, I will obtain your written permission before contacting them.
- If you fail to pay for services rendered, I may pursue any avenue of relief available to me, such as a collection agency.

Telephone Calls:

Your calls will be returned in a timely manner. *Always* indicate if the call is an emergency, and *always* leave your phone number, as I may not have it with me when I call in for my messages. If a phone session is necessary, your regular fee will be charged. When I am away, someone will be on call for me.

Payment for Services:

Fees are due at the beginning of each session. I accept cash, check or credit cards. If you use a credit card for payment, your fee for services will include a percentage to cover merchant fees. Special fee arrangements may be made in cases of financial hardship.

Insurance Reimbursements:

Insurance reimbursements will be paid directly to the client. You will have responsibility for making insurance claims, as full payment is expected at each session unless other arrangements have been made. At your request, I will give you a statement that can be used to make your insurance claim. I will respond to inquiries from your insurance company at your request. If they contact me directly, I will respond to them *only* with your permission.

Client Rights and Responsibilities:

In addition to your right to confidentiality, you have the right to end your therapy at any time, without any obligation except for the fees already incurred. You also have the right to discuss any aspect of your treatment with me, and to expect that I would work with you to meet your need for adjunctive or alternative treatment. You also have the right to expect that I will maintain ethical and professional boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

Therapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, experience, and a willingness to do my best. As the client, you will need to make a commitment to your own personal growth and care.

Please feel free to ask any questions or to discuss any of this information with me. Your signature below indicates that you have read this consent form and that you understand it. A copy of this form can be available upon your request.

Signature of Client

Print Name

Date

Signature of Client

Print Name

Date

Signature of Parent or Legal Guardian

Print Name

Date