Andrea Andes, M.A., LMFT
Licensed Marriage and family therapist 83892
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310.493.7445

Consent to Treatment & Office Policies

This agreement is intended to provide you as the client with important information regarding the practices, policies and procedures of Andrea Andes, M.A., LMFT, (herein "the therapist") and to clarify the nature of the professional psychotherapeutic relationship between you as the client and the therapist. Any questions or concerns regarding the contents of this agreement should be discussed with the therapist prior to signing it.

Confidentiality — All matters discussed in therapy are confidential, except where breaking of that confidentiality is required or permitted by professional ethics and/or law. Exceptions to confidentiality include: 1) when you as the client give written permission for the therapist to share specific information with others (e.g. physician or insurance company); 2) when the therapist has reason to suspect that a child, elderly person, or dependent adult that you have discussed in therapy has been physically, sexually, emotionally, or financially abused; 3) if the therapist has reason to believe that you intend to physically harm another person or another person's property; 4) if the therapist has reason to believe that you are a danger to yourself and/or acutely suicidal, in which case the therapist will take measures necessary to ensure your safety. Additionally, the therapist regularly seeks professional consultation with other licensed/prelicensed psychotherapists in order to enhance the quality of therapy provided. In this context, only the minimal amount of client information necessary for effective consultation is shared. Any other psychotherapist being consulted is bound by the same legal and ethical standards in reference to confidentiality.

Fee for Service — We have agreed that your fee will be _____. The therapist will normally review fees on an annual basis and may request an increase at that time, in which case 30 days notice will be provided before the increase. You as the client are responsible for payment of the agreed-upon fee by cash or personal check at the beginning of each session. In most cases, the therapist will, as a convenience to clients, allow payment of the fee at the last session of the month for all sessions held during that month. If you decide to terminate the therapy at any time, you are responsible to pay for the fee of any sessions already conducted.

If you have insurance coverage the therapist can provide periodic statements for you to submit to your insurance company. If you choose, I can bill insurance for you, for which a release will need to be signed. 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. You are responsible for any additional fees incurred by checks returned by the bank. (In certain cases of documented economic need, a lower session fee will have been negotiated between the therapist and client. In these cases, the fee will be renegotiated annually as well as whenever the client's economic situation changes.)

Contacting the Therapist — If you need to contact the therapist between sessions, please leave a message at 310.493.7445 and indicate clearly at the beginning of your message if there is an emergency situation and/or if you need the therapist to return your call. Your call will be returned as soon as possible, usually within 24 hours. However, the therapist may not be able to reply promptly, especially during office hours, weekends or late at night. If you need to talk to someone right away, please dial 911 for emergency services, or go to the nearest hospital emergency room, or call the Suicide Prevention Center at 1-877-727-4747 (available 24 hours per day, within L.A. County only).
If the therapist and you as the client agree to discuss issues on the telephone that require more than 10 minutes, the duration of the call will be charged based on the regular session fee prorated.

Cancellation Policy — The therapist always requires at least 24 hours notice via telephone (at 310.493.7445) for any session you cannot or do not attend. Otherwise, the full fee for the session will be charged. Uncollected fees for three or more sessions may result in an interruption in therapy until the amount is paid in full. Any longstanding unpaid balances may be referred to a collection agency. If this should become necessary, you will be notified in writing beforehand.

Risks and Benefits of Therapy — Participating in psychotherapy may result in a number of benefits to you, including improvement of interpersonal relationships and resolution of the specific concerns that led you to seek therapy. However, therapy requires your regular attendance, active involvement, honesty and openness. During therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing discomfort or strong feelings of anger, sadness, anxiety, depression or other difficult feelings. The therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Psychotherapy may result in

decisions about changing behaviors, employment, substance use schooling, housing, and/or relationships. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family. member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating or disturbing. There is no guarantee that psychotherapy will yield positive or intended results. During the course of treatment the therapist may suggest new ways of approaching a relationship or other situation in life, but you as the client should be aware that any decision on the status of your personal relationships and other choices you make in life are your own prerogative and responsibility. This therapist specializes in "psychodynamic" psychotherapy, which means that in most cases she will be considering the importance of the client's earliest caregiver relationships and unconscious material as revealed in dreams, associations, and/or memories. This method of "depth" psychotherapy can be meaningful and effective for clients, but is rarely brief and often requires a long-term commitment from the client in order to be most useful. If you have any unanswered questions about your progress, the treatment plan, or any of the procedures used in the course of your therapy, please ask and you will be answered fully. If at any point the therapist assesses that the therapy process is not or will not be effective in helping you reach the therapeutic goals, she will discuss it with you and, if appropriate, suggest an end to the therapy. In such a case, she would give you a number of referrals, which may be of help to you. If at any time you wish another professional's opinion or wish to consult with another therapist, the therapist will assist you in finding someone qualified. You have the right to terminate therapy at any time, but are responsible for any unpaid fees for sessions already conducted.

Acknowledgement — By signing below, you as the client acknowledge that you have reviewed and fully understand all pages of this agreement. You agree to abide by the conditions of this agreement and freely consent to participate in psychotherapy with the therapist. Moreover, you as the client agree to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

_____

Client Name (please print)

_____

Signature of Client

_____

Date