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Consent for Treatment

Welcome to my practice. A clear framework for our work together can avoid misunderstandings and facilitate our working relationship. The following are policies under which I operate my practice. Please feel free to discuss any of these with me.

Services

Psychotherapy is a treatment that addresses psychological distress and problems in life that are of a psychological nature. Psychotherapy, as I see it, is a collaborative process. My intent is to build a relationship with you, in which you feel free to explore your thoughts, feelings and behaviors, particularly those aspects that are causing distress, impeding progress toward reaching your life goals or getting in the way of attaining fulfillment in love and work. I will make every effort to provide emotional support, guidance, encouragement, knowledge, skills and insight that can lead to the emotional and behavioral changes you are seeking.

Psychotherapy has both benefits and risks. Since psychotherapy often requires recalling unpleasant aspects of your history, you may at times experience uncomfortable levels of feelings like sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy has been shown to have benefits for people who undertake it and can lead to a significant reduction of feelings of distress, better relationships and resolutions of specific problems. As the outcome cannot be guaranteed at the outset, it is important that we both evaluate the process as we proceed.

Confidentiality

In general, the law protects the confidentiality of all communications between patients and psychologists, and I can only release information about our work to others with your permission. However, there are several exceptions to this general rule where I may be required by law to disclose our communication.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I must file a report with the appropriate state agency.

Consent for Treatment

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens harm to him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can provide protection.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, involving child custody and those in which your emotional condition is an important issue (particularly if you raise the issue), a judge may subpoena your records and/or order my testimony if he/she determines that the issues demand it.

If any of the above situations occur, I will make every effort to fully discuss it with you before taking any action. In addition, in all instances, it is still incumbent upon me to release only that information that is necessary to appropriately carry out my responsibilities – your confidentiality remains my ethical priority.

I consult regularly with other professionals regarding my 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 your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

Billing, Payment and Appointments

You, of course, are responsible for the payment of your bill. At the outset of treatment I will set a fee per session with you. I will expect payment at the beginning or end of each session. Psychotherapy sessions are typically 50 minutes in length and meetings are generally held no less than once a week. More frequent meetings may be arranged to facilitate more intensive needs. I will make every effort to set aside a weekly appointment time(s) reserved for you so that you can rely on my availability to you. You are asked to make a similar commitment to our time. Once an appointment time is scheduled you will be expected to pay for it unless you provide **at least 24 hours advance notice for rescheduling or cancellation**. There is a **\$15.00 charge** on all returned checks. If your account becomes delinquent and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including small claims court. In most cases, the only information released would be all that is required to obtain payment, including the patient's name, nature of services provided, and amount due.

You will not be charged for vacation time that you are away from treatment, up to two weeks. However, if you are away for longer than two weeks at a time, and need to retain your specific appointment day and time, you will be responsible for payment for that hour in order to continue to secure that time. Otherwise, you may not necessarily be able to keep the same day and time. You will not be charged for any time that I am away from the office on vacation or if for some reason (e.g. due to illness) I may need to cancel your appointment.

The agreed upon fee at this time is _____.

Contacting Me

I am often not immediately available by telephone; however, I will make every effort to return your call on the same day you make it. Calls made on weekends and holidays will often be returned on the next business day. In case of a clinical emergency, particularly one that is life threatening for which you cannot wait for a call back from me, you should call 911 to access the local emergency response system. There is no better way of ensuring an immediate response to your urgent need. Alternatively, you may call or present yourself to the emergency room at the nearest hospital.

If I am going to be unavailable for any extended period of time, I will provide you with the contact information for another clinician whom you can contact as necessary.

Patient Rights

Your decision to undergo psychotherapy is voluntary. You are free to discontinue psychotherapy at any time, for whatever reason, without any moral, legal, or financial obligation, except for fees already incurred. You have the right to question any aspect of treatment and to expect that I provide you with a referral to another qualified therapist for consultation on our work together, for adjunctive treatment or alternative treatment, if you request. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial or professional relationships with you, all of which would compromise our work together.

I look forward to working with you. Please let me know if you have any additional questions or concerns.

Consent for Services

I have reviewed the information in this agreement, and have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents of this agreement and consent to participate in treatment.

Signature of Patient

Date

Signature of Patient

Date

Signature of Parent/Legal Guardian
(if patient is a minor)

Date

Signature of Parent/Legal Guardian
(if patient is a minor)

Date