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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 that I release specific information to an identified individual or entity. This does not prevent my seeking consultation with professional colleagues whenever I believe it may help my meeting your needs more effectively, at which time any identifying information will remain confidential. I may also share the minimum information necessary on your superbill (receipt) for the purpose of your receiving compensation for payments. This confidentiality shall be broken in the case of child or elder abuse, threatened suicidality, or physical harm to another (see item #2 below).
- 2) Uphold all ethical and 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.
 - a) If I have reasonable suspicion that any child, elderly person, or dependent adult is being abused or neglected, I am mandated to report this to the appropriate agency.
 - b) If you threaten to harm someone or cause damage to property, I am legally required to take steps to inform the intended victim and law enforcement.
 - c) If you express clear intent to severely harm yourself, I am permitted to reveal information to others if I believe it necessary to prevent the harm.
 - d) If a court of law orders me to release information, I am required to provide that specific information to the court.
- 3) Return any telephone call or message as promptly as I possibly can. Please note that text conversations are not an effective avenue for therapeutic work. Should you need therapeutic assistance outside of an appointment, we can schedule a telephone session which is charged the same as an appointment in person.
- 4) Notify you in advance of any extended period I need to be away from the office and beyond reach (e.g., out-of-town conferences). At such times, I will have a licensed colleague available for emergencies, whose contact information will also be listed on my outgoing voicemail.

- 5) Provide you with any receipts or superbills you require (e.g., for third-party reimbursement).
- 6) Discuss termination of therapy and referrals to another therapist whenever that seems appropriate. You can discontinue therapy at any time, and I invite you to discuss it with me in order to support the transition.

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. Cash, checks, and Venmo payments (@Christine-Eghenian) are accepted. Preparing payment ahead of time will allow us to utilize more of your appointment time for our work together. The fee is \$150. If you need to pay along a sliding scale, your fee is _____.
- 3) Not involve my professional services in any legal or government process.

Finally, as rewarding as it can be to shine conscientious attention onto our lives, psychotherapy may at times feel challenging. Processing and integrating unresolved material can feel vulnerable or disturbing, and even positive changes may feel threatening to us or to those around us. Our intention and efforts are aimed at creating the support needed to work through and evolve beyond the distress.

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, the undersigned, have read the above and agree to the terms stated.

Patient Name

Patient Signature

Patient Name

Patient Signature

Date

Christine Eghenian, LMFT