

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3162 Los Feliz Boulevard, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

OFFICE POLICY AND CONSENT TO TREATMENT/CONSULTATION

Welcome. I am a Licensed Marriage and Family Therapist, licensed to practice psychotherapy in California (MFC 84622) with individuals, couples, children and families. As part of my legal and ethical responsibility to you, there are certain things I need to disclose prior to the start of our sessions together. Should you have any questions or need clarification, please ask me and we can discuss it further.

My Qualifications I received my MA in Psychotherapy from Antioch University in Los Angeles, with a specialization in Community Psychology and a focus in LGBT Psychology. I have worked with individuals, couples, children and families.

Benefits and Risks of Treatment The decision to begin psychotherapy should be based on an understanding of the nature and purpose of psychotherapy, the risks and benefits of treatment and the available alternatives. **While the goal of psychotherapy is ultimately improvement in one's functioning and relationships, it is also possible for the process to bring up intense and difficult emotions, including anxiety, sadness, grief, and anger. It may also generate a change in significant relationships.** Effective results are best achieved by regular and consistent attendance in therapy and a commitment to the process. If you have any further questions about the psychotherapy process and what you might expect from our work together, please feel free to ask.

Appointments Sessions are scheduled to last 50 minutes. Should you need to re-schedule your session, please let me know at least 24 hours in advance to prevent being charged for the missed appointment by calling me at 818-381-9819.

Cancellations Should you need to cancel or re-schedule your session, please let me know at least 24 hours in advance to prevent being charged for the missed appointment by calling me at 818-381-9819. **Late cancellations occurring within less than 24 hours prior to our scheduled time will result in your being charged for the missed session. In concern for everyone's health, an exception to the late fee may be made in the case of illness.** However, if a therapist does not receive a call at least an hour prior to the session or if the therapist determines that this exception is being over-used, you will be charged for the missed session.

Fees My fee is \$120 per 50-minute session. Payment is preferred at the beginning of each session. I accept cash and personal checks, which should be made to Suzannah Ferron. There is a \$30 fee for returned checks along with any bank fee incurred by the therapist as a result of the check returned due to insufficient funds. As with other businesses, my fee is subject to increase. However, you will be given sufficient notice of any fee changes.

On occasion, I may contact you for purposes other than scheduling sessions. **You will be responsible for payment of our agreed upon fee (on a pro rata basis) for any phone calls longer than ten minutes.** Also, on occasion, I may engage in telephone contact with

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3162 Los Feliz Boulevard, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

third parties at your request and with your written authorization. **You will be responsible for payment of the agreed upon fee (on a pro rata basis) for any phone calls lasting longer than ten minutes.**

Please be advised that any check or credit card payments made to me may identify you as a psychotherapy client to bank employees, as well as to employees of the Federal Reserve.

Health Insurance I am a **private pay practice only** and do not accept insurance, nor provide superbills for reimbursement. Full payment for the each session is due at the time of each session.

Confidentiality None of the information discussed in our sessions or the written notes on those sessions will be revealed to anyone without your written permission, except when required by law. The law requires disclosure in the following circumstances:

- If I have reasonable suspicion of child, dependent adult or elder abuse or neglect
- If a client presents a danger to self, other people or property
- If a client makes claims about your mental status in a lawsuit
- If I receive a court order to release records as part of a lawsuit

To further protect confidentiality, I do not use social networking with current or former clients. Due to the insecurity of email, I do not use email to discuss therapeutic issues. These would be better dealt with in session.

Confidentiality for Couples and Families When working with couples or families, I may want to speak with individual members. In order to facilitate open and honest communication, I maintain a “no secrets” policy. For any members wanting complete confidentiality, I will be happy to refer you to an individual therapist.

Confidentiality for Minors The parent of a minor has a legal right to access information about his child’s treatment (unless otherwise stated by law). At the same time, this right must be balanced with the minor’s right to a confidential therapeutic relationship. The confidences of minors will be respected as deemed clinically appropriate, though safety concerns will take precedence over confidentiality when the two conflict.

Therapy via Telephone and Video Conferencing There are times when the client and therapist may choose to conduct sessions via telephone or video conferencing. While this method of conducting therapy has its advantages (such as being able to continue therapy sessions when the client has a debilitating medical condition, is temporarily out of town or otherwise temporarily cannot make it into the office), it also has its disadvantages. First, there is a possibility that conversations may be overheard or intercepted, thus compromising the confidentiality of the session. Further, nonverbal communication is an important part of the therapeutic process. Conversations by telephone and, to a lesser degree, via video conferencing, compromise the client’s ability to fully communicate to the therapist and

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3162 Los Feliz Boulevard, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

interfere with the therapist's ability to get better understand what the client is communicating as well as her/his emotional and mental state.

Therapist-Client Privilege The information disclosed by client in session and recorded in client files is subject to the therapist-client privilege, similar to attorney-client privilege. As the therapist, if I were to receive a subpoena for records, deposition testimony, or testimony in a court of law, I would assert the therapist-client privilege on the client's behalf until instructed, in writing, to do otherwise by the client or his/her/their representative(s). Please note that you might be waiving the therapist-client privilege if you make your mental or emotional state an issue in a legal proceeding.

Permission to Contact I may need to contact you on occasion to schedule appointments or provide a resource or information. In general, I will use your preferred phone number to do so. I also accept email from you for scheduling purposes (therapeutic issues are best discussed in session). However, due to online insecurity and the possibility that others may be able to access your account, I cannot guarantee confidentiality. When emailing, please use the email address to which you would like me to reply. When you contact me using either of these media, you authorize me to respond in the same media to that account. If you prefer that I do not contact you via email at all, please check here:

Do NOT contact me via email.

If you do not check this, I will assume I have permission to email you.

Client Litigation It is my policy to not voluntarily participate in any client litigation or custody dispute, nor to communicate with any client's attorney, nor to write or sign letters, reports, declarations or affidavits. It is my policy to not provide records or testimony unless I am ordered to do so by a court of law. Should I be court ordered to participate in client litigation, my reimbursement fee (to be paid by the client) for time spent in preparation, travel or appearance is \$500.00 per hour.

Therapist Availability Outside of Sessions You may leave a confidential voice mail message at any time. I will make every effort to return calls within 24 hours or by the next business day. **I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, please immediately call 911, or go to the nearest emergency room.**

Waiting Room Please do not leave children under the age of 13 alone in the waiting room, as it distracts from our session and presents a liability issue.

Professional Consultation As part of my professional responsibility to my clients, I may consult with appropriate specialists regarding ethical, legal and clinical issues. During such consultations, I will not disclose identifying information.

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3162 Los Feliz Boulevard, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Professional Conduct It is always a therapist's responsibility to avoid intentional or reckless harm to the client and to maintain appropriate boundaries. Sexual contact with a client is both a civil and criminal offense and should be reported to the California State Board of Behavioral Sciences.

Ending Treatment As a Marriage and Family Therapist, I am under an ethical duty to end treatment when I believe you are not sufficiently benefiting from our sessions and need a different level or kind of care. Other reasons for terminating therapy may include failure to pay for sessions, conflicts of interest or lack of participation in therapy. You also have the right to end therapy at your discretion. Should either of us decide to end our therapeutic relationship, I encourage one or more sessions to help facilitate positive reflection and closure. I will also make referrals to other therapists.

I have read and understand this contract and agree to all terms and conditions of the Informed Consent.

Client's name _____

Signature _____ Date _____

Client's name _____

Signature _____ Date _____

Client's name _____

Signature _____ Date _____

In the event a minor (under the age of 18) is the client, parent/guardian's signature below is indication of permission to treat.

Minor's Name _____ Minor's Age _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

I have reviewed these policies with my client(s).

Therapist Signature _____

Date _____

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3162 Los Feliz Boulevard, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

I have read and understand this contract and agree to all terms and conditions of the Informed Consent.

Client's name _____

Signature _____ Date _____

Client's name _____

Signature _____ Date _____

Client's name _____

Signature _____ Date _____

In the event a minor (under the age of 18) is the client, parent/guardian's signature below is indication of permission to treat.

Minor's Name _____ Minor's Age _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

I have reviewed these policies with my client(s).

Therapist Signature _____

Date _____