

# Treatment Agreement and Limits of Confidentiality

13400 Washington Boulevard, Suite 105 Marina del Rey, CA 90292

310.467.3346

healthyandhealing.com

**Tejal Yarmand M.A., MFT 42428**

- Your therapy sessions are 50 minutes.
- Fee for therapy is \$170 per session, \$80 for an initial consultation
- Payment for services is due at the time service is rendered.
- You may request a copy of the payment record.
- Fees are subject to increases periodically (semiannually, annually or as per arrangement).
- Appointments *must* be cancelled 24 hours in advance. If not, a full charge will be due from clients. Any exceptions to this policy must be negotiated between therapist and clients regarding extreme emergency situations.
- Termination process will be established by therapist and clients in session.

**Information discussed in the therapy setting is held confidential and is not shared without written permission except under the following conditions:**

- If a client threatens suicide.
- If a client threatens harm to another person(s), including murder, assault or other physical harm.
- If a client reports suspected abuse of a child under 18, including but not limited to physical beatings and sexual abuse.
- If a client reports abuse of the elderly.
- If a patient reports sexual exploitation by a therapist.

State law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies.

Having read and understood the above, I agree to these limits of confidentiality.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
home phone

\_\_\_\_\_  
work phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
home phone

\_\_\_\_\_  
work phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date