

# Treatment Agreement and Limits of Confidentiality

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**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 (quarterly, semiannually, annually or as per arrangement).
- Appointments must be cancelled 24 hours in advance. If not, a full charge will be due from client. Any exceptions to this policy must be negotiated between therapist and client regarding extreme emergency situations.
- Termination process will be established by therapist and client in session.

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

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

\_\_\_\_\_  
Name of Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Guardian

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

\_\_\_\_\_  
Date