



# Healthy & Healing Psychotherapy

## Treatment Agreement and Limits of Confidentiality

13400 Washington Blvd, Suite 202A, Marina del Rey, CA 90292 | 310 467 3346

Tejal Yarmand M.A., MFT 42428 | healthyandhealing.com

- Your therapy sessions are 50 minutes
- Fee for Therapy is \$170 per session (initial consult, \$80)
- 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	
Address, City, State, Zipcode	
Home Phone	Cellphone/Work Phone
Emergency Contact Name	Emergency Contact Number
Name of Client	
Address, City, State, Zipcode	
Home Phone	Cellphone/Work Phone
Emergency Contact Name	Emergency Contact Number

Signature of Client:

Date:

Signature of Client:

Date:

Signature of Therapist:

Date: