

Treatment Agreement and Limits of Confidentiality

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- 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 (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
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Address	City	State	Zip	Signature
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Name of Client	home phone	work phone
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Address	City	State	Zip	Signature
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Signature of Therapist	Date
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