



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 \$225 per session (initial consult, \$100)
- 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, Zip	
Mobile Phone	Date of Birth
Emergency Contact Name/relationship	Emergency Contact Number
Name of Client	
Address, City, State, Zip	
Mobile Phone	Date of Birth
Emergency Contact Name/relationship	Emergency Contact Number

Signature of Client:

Date:

Signature of Client:

Date:

Signature of Therapist:

Date: