

Helaine Z. Harris M.A., M.F.T., Lic. #MF15327

6506 McLennan Avenue Lake Balboa, CA 91406

Phone (818) 782-6869 Fax (818) 994-9678

CLIENT THERAPY AGREEMENT

_____ (client's printed name, hereafter referred to as "I" or "client"), agrees to the following arrangements concerning their psychotherapy with Helaine Z. Harris, MA, MFT.*

Physical Condition:

I assert that I am in good health and will inform Ms. Harris of any preexisting health conditions that might adversely affect any treatment received.

Appointments:

I understand that individual sessions will run for 45 minutes or longer as scheduled on the half hour.

Phone sessions include a 5-minute grace period. After that, client will be charged at regular rate. _____

Client Initials

Parking:

Driveway parking is not available. There is ample street parking on McLennan Avenue.

Cancellations/Re-scheduling:

I understand that no charge will be made for cancellations and rescheduling (during the same week) of appointments if I have given at least **48 hours** advance notice. **I also understand that if I give less than 48 hours notice of cancellation or rescheduling, I am responsible for payment of the originally scheduled session.**

Client Initials

For Monday and Tuesday appointments, cancellation must be by 5PM the Friday before.

Client Initials

Payments:

Payment is due at the beginning of each session. **If a check is not honored by the bank, I agree to an additional \$25 service charge per check bounced.**

Client Initials

Insurance:

I understand that I will pay Helaine Harris directly. I will bill my insurance companies which provide coverage for out-patient psychotherapy. Necessary documentation will be provided on request.

Client Initials

Confidentiality:

*Confidentiality is guaranteed by law. Laws governing client/therapist communication prohibit the therapist from providing testimony or otherwise privileged information without the express consent of the client. The legally mandated exceptions to this are:

- (1) If I threaten physical violence to myself or to another, or am involved in the physical abuse or sexual molestation of a minor or an elder, the therapist is legally required to inform the authorities.
- (2) Any records that the therapist keeps of my case may be subpoenaed by a court of law, and must be made available to them.
- (3) As otherwise ordered by a court of law.

Date: _____ **Signature:** _____

Address: _____

Email: _____