

Linda Arbiter, MA, MFT

Licensed Marriage and Family Therapist #MFC 45100

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GUIDELINES AND AGREEMENTS FOR COUNSELING/PSYCHOTHERAPY

Counseling and psychotherapy are a complex blend of both interpersonal and professional dynamics. It is important that the business aspects are clearly understood and agreed upon in order for them not to interfere with the therapeutic process. The following policies and procedures will allow optimal facilitation of our work together. Please read both sides carefully, ask questions if any arise, sign at the bottom, and keep one copy for your own reference.

APPOINTMENTS

1. **Time:** Following our initial consultation, we will set an agreed upon time for your appointments that will be reserved exclusively for you on a regular basis, unless other arrangements are made. If you feel you need additional sessions beyond your regular appointment, please ask. I will make every effort to schedule extra time for you.
2. **Cancellations:** If you cannot keep a scheduled appointment, please provide at least 24-hour notification at 818 754-4754. CANCELLATIONS WITH LESS THAN 24-HOUR NOTICE OR "NO-SHOWS" WILL BE CHARGED THE FULL FEE. Insurance companies will not cover missed appointments; you are responsible for full payment.
3. **Session Length:** Unless otherwise arranged, individual counseling sessions are 50 minutes long; couple or family sessions are 75 minutes long. Longer sessions are charged for the additional time, pro rata. Your session will begin and end on time. If I am late in starting, you will still receive your full time allotment. Please BRING UP IMPORTANT ISSUES EARLY IN THE HOUR, rather than waiting until the last minutes of your session.

TELEPHONE CONTACT

1. **Messages:** Occasionally, you may need to communicate with me between sessions. If I am not immediately available, please leave a message on my voicemail pager 818.754-4754. *Please do not go into extensive details and be sure to include times/phone numbers where you can be reached.* I will return your call as soon as I can. *I am not available as a 24-hour crisis line. If you cannot reach me, and if your safety is involved, please call 911.*
2. **Fees:** There is, of course, no fee for brief phone conversations; however, if extensive consultation is needed and we are unable to schedule a face-to face appointment (for example, in an emergency), you will be charged in 10 minute segments at an individual counseling fee.

FEES

1. Fee Schedule (*payable at each session, unless otherwise arranged*):

Individual Counseling/Psychotherapy	50 min.	\$125.00
Extended Session Individual/Couple/Family Therapy	75 min.	\$187.50
Double Session	1 hr. 40 min.	\$250.00
Extended Session	2 hours	\$300.00
Phone or Other Professional Consultation	per 10 min.	\$25.00
Legal Fees (legal reports, depositions, court appearances)	per hour	\$500.00
Travel (for non-office appointments, if needed)	Per half hour	\$75.00
Emergency sessions (home/hospital, after 9:30pm, or Sunday)	additional fees	TBD

2. Unless arranged otherwise, payment in full is due at the beginning of each session. A \$25.00 service charge will be assessed for all returned checks.

LEGAL/ETHICAL GUIDELINES

1. **Confidentiality:** Both the fact and content of our sessions is confidential and will not be released to a third party without written consent from you, except where required or permitted by law. Initial boxes ☐
- Exceptions to confidentiality (by law) include:** the exchange of information necessary for insurance billing; certain court matters; potential danger to self or others; and suspected child, elder, or dependent-adult abuse. ☐
- Couples:** *Confidentiality in couple counseling is held by the unit, not by either individual:* if a legal situation occurs in the future, no records or information will be released to either party without written consent of the other party. It is my policy not to hold secrets for either member of the unit. ☐
- Adolescents:** In order to encourage open sharing of concerns, confidential discussions with kids age 10 or older will be shared with parents only if life-threatening. Parents will be informed of general issues being discussed, and teens are encouraged to share the content of sessions with parents whenever possible. ☐
2. **Substance Use:** The use of substances is contrary to productive work in therapy. Please DO NOT arrive intoxicated, or the session may be terminated and you will be billed for the time.
3. **Therapist/Client Relationship:** Psychotherapy is often a highly intimate process, involving the sharing of deeply personal thoughts and feelings. In such an environment, it is not surprising that client and therapist, over time, may experience affection toward each other. However, it is an important life lesson that loving feelings do not have to be acted out in physical ways. During the counseling process, therapists do not engage in social activities with clients, and UNDER NO CIRCUMSTANCES are expressions of these feelings in a sexual manner either professionally ethical or therapeutically appropriate.
4. **Gifts:** Though it is a common expression of gratitude and sharing, gift-giving is neither necessary nor appropriate in the counseling experience. The best gift you can offer is the sharing of your true self, and the best gift I can give in return is my fully present attention with you in that process. This is not meant as a rejection of the more socially-understood concept of gifts, but merely a means of keeping clearly established boundaries in the counseling process.
5. **Therapeutic Techniques:** In session, we may use a variety of psychotherapeutic techniques to address your needs. These may range from talking to visualization/imagery/hypnosis, role playing or cognitive rehearsals, expressive arts, assessment/measurement scales of mood, stress management, conflict management, ritual, charting of thoughts/feelings/actions, or other approaches. To increase the value of a 1-hour sessions during the remaining 167 hours per week, I may suggest ways to extend our work into the week and help you move toward your therapeutic or other goals.

INSURANCE

Check with your insurance company to determine coverage for reimbursement. I will assist in clarification if needed. Unless arranged otherwise, you will pay your fees, and I will provide a monthly statement for you to submit with your claim form to your insurance company. You are ultimately responsible for all fees.

INFORMED CONSENT

I understand that Linda Arbiter, MA, MFT, is a Licensed Marriage and Family Therapist (Psychotherapist)
License # MFC45100. Initial boxes ☐

I understand that in the event of present danger to self or others (*or under certain circumstances, if child abuse occurred in the past*), the law requires that psychotherapists seek assistance outside of the counseling setting. I understand that counseling sessions with adolescents may include confidential information that will be shared with parents ONLY if life-threatening. ☐

I understand and accept the guidelines and policies contained in this agreement. I understand the fees and agree that I am responsible for payment at the beginning of each session. I hereby consent to counseling/psychotherapy under the above stated conditions. My signature also confirms I have received a copy of this agreement. ☐

Signature _____ Date _____

If for minor, Parent/Guardian Signature _____ Date _____