



B R E E C A L L A H A M , M F T

Licensed Marriage & Family Therapist #82207

1540 Schrader Blvd., Garden Suite 12
Hollywood, California 90028

Consent for Treatment

As your therapist, I look forward to working with you and want to give you some important information about the services you will receive. This consent form will provide a clear framework for our work together and will facilitate our working relationship. Please feel free to discuss any questions you have with me.

1). Confidentiality: As your therapist, I am legally prohibited from revealing to another person that you are in treatment with me, nor can I reveal what you have said to me in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law or professional guidelines:

A. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.

B. If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person (or to another's property), I must warn whomever may be in danger, and I must notify the appropriate authorities.

C. If a court has ordered your treatment with me, or if I am served with a subpoena. For example, in the context of a legal proceeding in which you raise your own psychological state as an issue, I am required to release information to the court, or may have to appear in court.

D. Finally, if you, as a client, reveal a serious intent to harm yourself, I am ethically bound to do what I can to help you keep safe, which may involve notifying others who may be of help.

In all of the above cases, it is incumbent upon me to release only that information necessary to appropriately carry out my responsibilities -- your confidentiality still remains an ethical priority.

2). Sessions: Your weekly appointment time is reserved for you. Therapy sessions are 50 minutes long. Appointment cancellations must be made 24 hours in advance, otherwise, you are responsible for the fee for such sessions.

When therapy is being conducted with a couple on an ongoing basis, it can be counterproductive to the therapy process for the therapist to have information or private communications from one member of that couple, which are not known to the other member. Therefore, it is therapist's policy that if a telephone call or other communication is received outside of the joint therapy session from one of the members of the couple, that communication will need to be shared with the rest of the couple at the next session, so that it may be discussed and utilized to assist the couple as a whole. With couples, both partners must be present for the session to occur; a no-show or late cancellation by one member will be billed in full, but the single member will not be seen alone as this can be counterproductive to trust and continuity.

3). Payment for Services: You are expected to pay for services at the time of our session, unless we have agreed on other arrangements. You may pay using cash, check or credit card. If you request it, I will give you a monthly statement, which you can use to bill your insurance for reimbursement. We will agree upon a fee at the outset of treatment. Any fee change is negotiated in good faith; it is your responsibility to notify me if your financial situation changes. Fees may change over the course of treatment, but

with consideration to your financial ability to continue in treatment. Typically, fees will be raised once yearly. Fees for writing a psychological report or court appearances will be negotiated separately. In general, it is important to discuss with me any issues that arise connected to our financial arrangements, as they may impact our work together and/or be opportunities for therapeutic discussion.

Past due payments: If there is a balance of two sessions, another appointment cannot be scheduled until the balance has been paid. Payment for services which is past due over 120 days may be subject to collection through the use of a collection agency.

4). Accessibility: Therapist will return calls as soon as possible should you need to speak to me between sessions. I do not charge fees for telephone consultations that are less than 10 minutes. Consultations of longer than 10 minutes will be pro-rated to the nearest quarter-hour, based on your hourly fee.

I understand that Bree Callaham, MFT does not work on an emergency basis and does not carry a pager. If an emergency situation arises, I know that I should call 911 or go to the nearest hospital emergency room. Phone calls between sessions are typically limited to scheduling and other logistical matters, which must be arranged before the next session. If you encounter a serious psychological crisis between sessions and do not have a session scheduled in the next 12 hours, you will be encouraged to schedule one. The reason for this is that scheduled, in-person sessions, where the therapist has the time set aside for you, are the most effective way to obtain assistance. If there is a life-threatening psychological emergency and Bree Callaham, MFT does not have an appointment available in the next 12 hours, a brief telephone consultation may be provided to assist you until the next available appointment. Such crisis consultations are charged at the standard fee, pro-rated to the nearest quarter-hour. Please note that most insurance carriers will not reimburse for telephone consultations.

I understand that Bree Callaham, MFT may not check email on a daily basis, and that email is not a confidential way to communicate. I understand that Bree Callaham, MA, MFT is not responsible for any information transmitted via email or via Skype, if tele-mental health services are provided.

5). Patient Rights: In addition to confidentiality, as spelled out above, you have the right to end your therapy at any time, for whatever reason, without any moral, legal or financial obligation, except for fees already incurred. You have the right to question any aspect of your treatment, and to expect that I will work with you to meet your needs for adjunctive or alternative treatment. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

Psychotherapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills, and a willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

Please feel free to ask any questions or discuss any of this information with me. Your signature below indicates that you have read and understand this information, and have received a copy of this consent form.

Print Name of Client

Signature of Client or Responsible Party

Date