

Connie Hall, LMFT
Licensed Therapist MFC40416
1710 S. Burnside Ave.
Los Angeles, CA 90019
310-346-2630

INFORMED CONSENT FOR TREATMENT

CONFIDENTIALITY

All dialogue between us is held in strict confidence.

EXCEPTIONS TO CONFIDENTIALITY

State law requires that I must report **child abuse, elder abuse, and threats of physical violence to another person.** I may also break confidentiality as necessary to help **prevent a threatened suicide.** These laws apply whether or not I believe that reporting is in your best interest therapeutically. Additionally, sections 213 and 215 of the **Patriot Act** authorize searches of client records and the client may not be notified of said search.

FEE IS TO BE PAID AT THE END OF EACH SESSION

Full fee is \$140 (I work on a sliding scale, depending on your financial ability), payable by cash, check or credit card. I will bill insurance for you if they accept Out of Network MFTs as approved providers.

CANCELLATION POLICY

24 Hour advance notice is required to cancel a session free of charge. If 24 Hour advance notice is impossible and we can reschedule within the same week, the fee will be waived. Otherwise, a missed or late cancelled appointment will be charged the full session fee.

CRISIS AVAILABILITY

I am available by cell phone (310-346-2630) from approximately 8am until 10pm, returning any urgent call within a couple of hours. If you are aware that you are in a particularly fragile state, I can make arrangements to be available between 10pm and 8am. If you are unable to reach me quickly enough, please dial 911 or take yourself to the nearest hospital emergency room.

QUALIFICATIONS AND BASIC APPROACH TO TREATMENT

Please see my website at www.conniehalltherapy.com

Signature_____Date_____

Printed Name_____

Signature_____Date_____

Printed Name_____