

INTRODUCTION

Gloria Lakin M.A. LMFT, Lic. #119618

GloriaSafeHarbor@gmail.com

Marriage and Family Therapist

2720 Neilson Way, num. 5564

Santa Monica, CA. 90405

(424) 645-7324

[Http://doxy.me/glorialakin](http://doxy.me/glorialakin)

WELCOME

I'd like to welcome you to my practice. Making the choice to reach out for help is a big step, and I am committed to making this process as beneficial as possible. The connection between you and your therapist is a key ingredient to positive change. Finding that good fit, someone you feel comfortable being open with, is very important.

OUTPATIENT SERVICES CONTRACT

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Sometimes psychological services are provided primarily to prevent further deterioration of your mental or emotional status, which is considered maintenance treatment.

I am NOT a Psychiatrist, a medical doctor, and cannot prescribe medications. I cannot be responsible for the side effects that often accompany psychotropic medications and will recommend that you speak to your prescribing physician to alter your medication if you are experiencing detrimental side-effects. If you would like me to speak directly to them about your case, I will need a written Release of Confidentiality signed by you, before doing so.

MEETINGS

Individual or couple therapy is a scheduled 50-minute session, at a time at which we both agree upon. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of

cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. I will do my best to reschedule an appointment the same week.

PROFESSIONAL FEES

Individual or couple psychotherapy fee is \$150.00 per 50-minute session. Cash, PayPal or VENMO confirmation is due before or at the beginning of each session, payable to: **Gloria Lakin**, a monthly record of payment can be provided upon request.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a private health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out a Superbill for services and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you are responsible for full payment of my fees at the start of each session. It is very important that you find out exactly what mental health services your insurance policy covers. If you have questions about your coverage, call your insurance company plan administrator.

You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide them with additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This record will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do once it is in their hands. In some cases, they may share information with a national medical information databank.

CONTACTING ME

I am often not immediately available by telephone. My telephone goes to my voice mail that I monitor periodically throughout the day. I will make every effort to return your call, text or email the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Telephone calls, texts, and email access are offered as a professional courtesy and this service does not constitute an emergency psychological service. I am not responsible for your behaviors or decisions occurring outside the consultation room at any given time, whether before or after a telephone call or consultation. If you are unable to reach me and feel that you can't wait for me to return your call, contact 911, your family physician or the nearest emergency room and ask for the psychologist (psychiatrists) on call. If I am unavailable for an extended time, I can provide you with the name of a colleague to contact, if requested.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

CONFIDENTIALITY

All communications between a client and a psychologist is confidential as required by California state law. I can only release the fact that you are my client and information about our work together, if I obtain your written permission prior release. This applies to spouses, family, friends, physicians, etc.

The following situations are an exception to that confidentiality. If I have a reasonable suspicion that a child, elderly or disabled person is being abused, ***I am mandated by law to report this to the appropriate state agency.*** If I have a reasonable suspicion that the abusive offender is still in contact with any children, elderly, or

disabled, ***I am mandated to report the name and location of the offender.*** Additionally, if I believe that a client is threatening serious bodily harm to themselves (suicide), or to another person (assault or homicide), ***I am required by law, to break confidentiality, so as to take protective actions.*** These actions may include notifying the potential victim, contacting the police, seeking hospitalization, contacting family members or others who can provide protection. I will take any threats seriously whether informed by the client, or a close family member about your intent to inflict serious harm on yourself or another.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. You should be aware that when psychological services are sought by third parties, such as employers, lawyers, or the courts, disclosure of some information may be required by law. You should also be aware that disclosure of requested information to third parties, when mandated by law, could potentially have an adverse affect. These situations have rarely occurred in my practice. I will make every effort to discuss it with you before taking any action, unless I believe that notifying you may put you or your health in jeopardy. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing identifying information. The consultation is legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

In this summary of the exceptions to confidentiality, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you as it pertains to my legal and ethical mandates regarding confidentiality, but if you need specific legal advice, retention of an attorney may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

TERMINATION

Your participation in psychotherapy and other psychological services is voluntary and you have the right to withdraw from treatment without adversity at any time. If you do not appear for a previously scheduled appointment, without any prior notification, for two consecutive scheduled appointments, your treatment will be considered canceled and terminated.

Your signature below indicates that you have read the information in this document, provided accurate information, and agree to abide by the terms during our professional relationship.

Signature of Client

Date
