

magpieLIFE

creating a life you love with the life you have

Psychotherapy with Eve Sturges, MA, LMFT 103942
1453 El Paso Drive
Los Angeles California
90065

THERAPIST-CLIENT SERVICE AGREEMENT

CONSENT FOR TREATMENT

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you.

1. You have the right to decide not to receive counseling or psychotherapy from your therapist. Names of other qualified therapists can be provided to you.
2. You have the right to end treatment at any time without any moral, legal, or financial obligation except for incurred fees.
3. You have the right to ask any questions about procedures used during treatment. No procedure is to be used without your permission.
4. You have the right to confidentiality.
 - a. Please Note: Social Media interactions, across all platforms, are not guaranteed confidential.
5. There are a few exceptions to confidentiality. I (Eve Sturges, LMFT) am a mandated reporter and, as such as your therapist, I am required by law to break confidentiality in the following cases:
 - a. If you threaten serious bodily harm or death to another person. The law requires that the intended victim and appropriate law enforcement agency be informed.
 - b. If you reveal a serious intent to harm yourself. By ethical standards, everything must be done to prevent that, which includes informing those in a position to help.
 - c. If you or someone you know abuses a child, an elderly, or a dependent adult. The law requires that appropriate social service agencies be notified.
 - d. If a court of law issues a legitimate subpoena.
 - e. If you are being treated or tested by a court order.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

APPOINTMENTS

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with **24 hours notice**. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the **full amount of your session fee**. (Unless we both agree that you were unable to attend due to circumstances beyond your control). In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

My standard fee is \$150.00 per 50-minute session. I have a strict 24-hour cancellation policy.

Credit/Card Debit Card to Cover Cancellations: _____ ex_____ code_____

Client understands that a \$10 credit card fee is added to cost of session in event of unexcused cancellation _____(initials)

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by **check or cash only**.

Checks should be written to: Eve Sturges LMFT

If you choose to pay through a service like Venmo, please be aware of the "public" nature of these systems, the confidentiality therein, and proceed accordingly.

Any checks returned to my office are subject to an additional fee of \$25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

INSURANCE

I am not a participating provider for any insurance plans, but I am happy to supply you with a receipt of payment for services, (often called a Super Bill) which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. You are responsible for all administrative tasks in regards to your insurance and pursuit of reimbursement.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may send a text message or leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your Local Hospital Emergency Room, or 3) call 911. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

I have a Master's of Arts degree in Counseling Psychology. I am a licenced and registered Marriage and Family Therapist in the state of California. My license number is 103942.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative _____

Date _____