

Kate Hewitt, MFT
439 N. Larchmont Boulevard
Los Angeles, CA 90004
310.499.4709

Consent for Treatment

The client/therapist relationship is a unique one. It is highly personal, and at the same time, it is a business contract. Therefore, it is important that we have a clear understanding and agreement about our individual responsibilities, expectations, and obligations. Please print two copies and read and sign these guidelines. Please bring both copies to the first session so that I can sign them both and return one to you, so that you may have it for your records.

The following is an overview of the professional services I provide to assist you in developing awareness and understanding, clarifying and resolving problems, and promoting well being in your life.

The Therapeutic Process:

Therapy can be a powerful tool to bring understanding and change to the unhealthy, repetitive patterns in our lives. Whether you are seeking short or long-term therapy I believe in a fluid collaboration. Together we work to break patterns and to affect the positive and lasting changes you seek. My work is based on the understanding that therapy can be invaluable in processing life's many transitions, both large and seemingly small. Whether you are in crisis or simply need support and a place to talk, my goal is to help you find relief from your suffering and to discover new ways of experiencing life as your best self.

Length of Sessions:

Our time together is 50 minutes. Sessions begin and end at the scheduled time regardless of when you arrive for your appointment.

Fees:

Your fee is \$_____ per session. It is to be paid at each session in cash or by check made payable to Kate Hewitt, MFT. There will be reasonable fee increases on a yearly basis. We will always discuss this together before any increase is established.

Appointments, Cancellations and Rescheduling:

Your appointment time is reserved for you. Should you cancel your appointment without 24 hours notice, you will be responsible for payment of the full fee, which is payable at your next appointment. Exceptions are emergencies, or if your missed appointment can be rescheduled within 7 working days of the original appointment.

Insurance:

Payment for sessions is the responsibility of the patient. If you would like to go through your insurance company I will provide you with a monthly statement of services so that you can be reimbursed. Please note that insurance coverage is not always guaranteed, so please check with your company about your benefits and deductibles, if authorization is needed, the amount of your co-pay, and how many sessions are authorized per calendar year.

Telephone Accessibility:

I have voicemail system that sends me a text when I have a message. I will attempt to return calls as soon as possible. Please leave phone numbers and times at which you can be reached. Consultations of up to 10 minutes are available at no additional fee. For more than 10 minutes, it is best to schedule an additional session. If there is a time when you are unable to come into my office for a session, you have the option of a phone session, which will be at your regular, agreed-upon fee. Please note that face-to-face sessions are highly preferable to phone sessions. If a true emergency situation arises, please call 911 or any local emergency room.

Confidentiality:

Our meetings will be held in confidence. However, I am legally and ethically obligated to ensure safety, and must advise appropriate agencies, family members or other involved persons if you appear to be a danger to yourself or to others. I am also obligated by law to report child or elder abuse to the proper authorities. All other revelations shared in the context of psychotherapy sessions will not be disclosed to anyone unless I am legally required to do so or you have signed a consent form agreeing to such disclosure.

Minors:

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents which information is appropriate for them to receive and which issues are more appropriately kept confidential.

Termination:

Termination is an important part of therapy. Therefore, three weeks notice is recommended so that the work accomplished in therapy can be appropriately assessed and processed.

I have read, received, and I understand the above information and agree to abide by these guidelines. I hereby consent to my treatment.

Client

Today's date

Therapist

Today's date

Parent or guardian