



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.

### Session “Hour” is Actually 50 Minutes

### Session Fee is to be Paid at the End of Each Session

Full fee is \$125 (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 8 am until 10 pm, 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 10 pm and 8 am. 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 <http://www.conniehalltherapy.com>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_