

## **Disclosure Statement & Agreement For Services**

### Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

### Information about Your Therapist

At an appropriate time, your therapist will discuss her professional background with you and provide you with information regarding her experience, education, special interests, professional orientation and treatment practices. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

### Your therapist is a:

Licensed Marriage and Family Therapist  
Licensed Educational Psychologist  
Certified Massage Therapist

### Information About This Practice

The individual therapist who operates this practice is:

Ilana Wasserman, MA, LMFT, LEP, CMT

Name of Therapist License Type & License Number

Licensed Marriage Family Therapist MFT #40707

Licensed Educational Psychologist LEP #2783

Certified Massage Therapist Cert #50782

### Fees and Insurance

The fee for service is \$175.00 per initial assessment session (non-negotiable)

The fee for service is \$165.00 USD per individual therapy session.

The fee for service is \$165.00 USD per conjoint (marital /family) therapy session.

The fee for Release of Information Summary Letters, Diagnostic Letter, Jury Exemption and the like, are \$65.00 per quarter hour.

Individual Sessions and conjoint (marital/family) sessions are approximately 50 minutes in length.

Fees are payable at the time that services are rendered (cash or check). Please inform your therapist if you wish to utilize Superbills for health insurance reimbursement for services. If for some reason you find that you are unable to continue paying for your therapy, you should

inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

### Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with her, when working with other members of your family. Please feel free to ask your therapist about her “no secrets” policy and how it may apply to you.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

### Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

### Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs. in advance of your appointment by phone with back up email. Do not rely on email only, please. If you do not provide your therapist with at least 24 hours notice in advance, you are responsible for payment for the missed session.

### Therapist Availability/Emergencies

Telephone consultations and brief emails regarding scheduling issues between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Nonurgent phone calls are returned during normal workdays (Monday through Wednesday) during normal business hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. Your therapist does not provide crisis counseling. If you are in an emergency situation, please call 911 or go to your nearest emergency room.

### Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

- ☐ My therapist may call me at my home. My home phone number is: (     ) \_\_\_\_\_
- ☐ My therapist may call me on my cell phone. My cell phone number is: (     ) \_\_\_\_\_
- ☐ My therapist may call me at work. My work phone number is: (     ) \_\_\_\_\_
- ☐ My therapist may send mail to me at my home address. \_\_\_\_\_
- ☐ My therapist may send mail to me at my work address. \_\_\_\_\_
- ☐ My therapist may communicate with me by email. My email address is: \_\_\_\_\_
- ☐ My therapist may send a fax to me. My fax number is: (     ) \_\_\_\_\_

### Patient Litigation

Your Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient, or Representative, and another individual, or entity, are parties. Your Therapist has a policy of not communicating with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's, or Representative's, legal matter. Your Therapist will generally not provide records or testimony unless compelled to do so. Should your Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Representative agrees to reimburse your Therapist for any time spent for preparation, travel, or other time in which your Therapist has made him/herself available for such an appearance at your Therapist's usual and customary hourly rate of \$165.00 USD.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that you have about this information before you sign!

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Printed Name of Patient

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Signature of Patient

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_