

Caley O'Dwyer, MFT

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Licensed Marriage and Family Therapist #MFC 52791

Client Service Agreement

Due to the nature of the therapeutic relationship, it is important for us to maintain clarity regarding client services. Please read the following and feel free to discuss any part of it with me both prior to and during the course of your therapy.

FEE: The fee for each 50-minute session is due at the close of each session. Payment may be made in the form of check, cash, or credit card. If paying by check, it is helpful if the check is made out in advance of the session. A service charge of \$20 will apply for any personal check that is returned by the bank for any reason.

PHONE CALLS: When necessary and when possible, I will make myself available to consult with you by phone. If the consultation extends beyond 10 minutes, there will be three options: 1) we can continue the call and have the rest of the call prorated at the hourly fee for however long we speak, 2) we can schedule an additional session, 3) we can decide to “pause” the discussion until our next regularly scheduled appointment.

CANCELLATION: If you must cancel your appointment, a 24-hour advance notice is required in order to avoid being charged the full fee for that session. I appreciate knowing about cancellations as early as possible. A missed session without 24-hour cancellation notice will be charged the full session fee. Missed sessions may not be submitted for insurance reimbursement.

CONFIDENTIALITY: All information between the client and the therapist is held in **strict confidence**, with the exception of the following circumstances:

- If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
- If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
- If you introduce your emotional condition into a legal proceeding.
- If your records are subpoenaed by a court of law.
- If you sign a release authorizing the therapist to speak with a designated individual of your choice.

I understand and agree to the above Client Service Agreement.

Name

Signature

Date