

Lisa Chen  
Registered Associate Marriage and Family Therapist (#131794)

## **AGREEMENT FOR SERVICE / INFORMED CONSENT**

As your therapist, I look forward to working with you and want to give you some important information about the services you will receive. This will provide a clear framework for our work together and will facilitate our working relationship. Please feel free to discuss any of this and future issues as they arrive with me.

This Agreement is intended to provide important information regarding the practices, policies, and procedures of Lisa Chen (herein "The therapist"), and to clarify the terms of the professional therapeutic relationship between the therapist and the client. Any questions or concerns regarding the contents of this Agreement should be discussed with the therapist prior to signing it.

### **My Qualifications**

I am a Registered Associate Marriage and Family Therapist (#131794). As an Associate, I will be working under the direction and supervision of Claire Hyman, Licensed Marriage and Family Therapist (LMFT #20808). As such, I will be communicating with my supervisor Claire Hyman to ensure you receive the best possible care.

I received my Master's in Clinical Psychology from Antioch University. I primarily work with adolescents, individuals, and couples. I treat anxiety, depression and trauma in individuals. I treat relational issues with couples and families from a psychodynamic approach. I am trained in Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), Pain Reprocessing Therapy (PRT), Eye Movement Desensitization and Reprocessing (EMDR), Trauma-Focused Cognitive Behavioral Therapy (CBT), Cognitive Behavioral Therapy (CBT), Gottman Method Couples Therapy and Imago Couples Therapy.

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which the therapist and the client discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so the client can experience their life more fully. It provides an opportunity to understand oneself better and more deeply. Psychotherapy is a joint effort between the client and the therapist. Progress and success may vary depending upon the problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to the client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of the client, including an active participation in the therapeutic

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process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which the therapist will challenge the client's perceptions and assumptions and offer different perspectives. The issues presented by the client may result in unintended outcomes, including changes in personal relationships. The client should be aware that any decision on the status of their personal relationships is the responsibility of the client.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. The client should address any concerns they have regarding their progress in therapy with the therapist.

### **Professional Consultation**

As an Associate Marriage and Family Therapist, I may seek consultation if I find that I could serve you better by consulting with another professional colleague. If consultation is required, it will not impact your confidentiality and no identifying information will be shared outside of treatment.

### **Records and Record Keeping**

The therapist may take notes during session and will also produce other notes and records regarding the client's treatment. These notes constitute the therapist's clinical and business records, which, by law, the therapist is required to maintain. Such records are the sole property of the therapist. The therapist will not alter their normal record keeping process at the request of any the client. If the client requests a copy of the therapist's records, the request must be made in writing. The therapist reserves the right to provide the client with a treatment summary in lieu of actual records. The therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. The therapist will maintain the client's records for seven years following termination of therapy. However, after seven years, the client's records will be destroyed in a manner that preserves the client's confidentiality.

### **Confidentiality**

The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except where required or permitted by law.

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.

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5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

### **Electronic Communication**

The therapist cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If the client prefers to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that the client does not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

### **Minors and Family Therapy**

If the client is a minor, their parents may be legally entitled to some information about their therapy. The therapist will discuss with the client and their parents what information is appropriate for the parents to receive and which issues are more appropriately kept confidential. Specific content from the therapist's meetings with the minor will be revealed at the therapist's discretion.

In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. The therapist will use clinical judgment when revealing such information. If the client reveals to me a "secret" that they refuse to disclose to the others this may put the therapist in a position of hurting my honest relationship with others in the couple/family.

### **Telehealth Sessions**

I currently offer sessions via Telehealth. Even though my therapy practice is online, it is important to note that I am an Associate Marriage and Family Therapist supervised by a Licensed Marriage and Family Therapist in the state of California. Therefore, I may only conduct online therapy with clients who reside in California.

Also, while online therapy may offer advantages to in-person therapy, it is essential to also understand the drawbacks. These may include but are not limited to interruptions, unauthorized access, and technical difficulties.

If the client is having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that Telehealth services are not appropriate, and a higher level of care is required.

### **Psychotherapist-Client Privilege**

The information disclosed by the client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between the therapist and the client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-client privilege. Typically, the client is the holder of the

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psychotherapist-client privilege. If the therapist received a subpoena for records, deposition testimony, or testimony in a court of law, the therapist will assert the psychotherapist-client privilege on the client's behalf until instructed, in writing, to do otherwise by the client or the client's representative. The client should be aware that they might be waiving the psychotherapist-client privilege if they make their mental or emotional state an issue in a legal proceeding. The client should address any concerns they might have regarding the psychotherapist-client privilege with their attorney.

### **Fee and Fee Arrangements**

The agreed upon fee between the therapist and the client is **\$200 per 50-minute session**, and **\$250 per 50-minute for couples counseling**. Sessions longer than 50-minutes are charged for the additional time pro rata. The therapist reserves the right to periodically adjust this fee.

The client will be notified of any fee adjustment in advance.

If requested and/or clinically appropriate, the therapist may engage in telephone contact with the client for purposes other than scheduling sessions. The client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

The therapist may engage in telephone contact with third parties at the client's request and with the client's advance written authorization. The client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

Should the therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the client, the client is responsible for payment of the agreed upon fee (on a pro rata basis) for any time spent for preparation, travel, or other time in which the therapist has made themselves available for such an appearance.

The client is responsible for payment of the agreed upon fee (on a pro rata basis) for any professional time spent in responding to information requests, including the preparation of records or treatment summaries.

The client is responsible for payment of the agreed upon fee (on a pro rata basis) for any professional time spent performing any other service the client may request of the therapist.

The client is expected to pay for services at the time services are rendered. Clients can pay by credit card (using Stripe), or by check.

### **Insurance**

The therapist is not a contracted provider with any insurance company. Should the client choose to use their insurance, the therapist will provide the client with a statement that the client can submit to the third-party of their choice to seek reimbursement of fees already paid.

### **Cancellation Policy**

The client is responsible for payment of the agreed upon fee for any missed session(s). The client is also responsible for payment of the agreed upon fee for any session(s) for which the

client failed to give the therapist at least 48-hours notice of cancellation. Cancellation notice should be left on the therapist's voice mail at (213) 537-9672, via text, or email.

### **The Therapist Availability**

The therapist has a confidential voicemail system that allows the client to leave a message at any time. The therapist will make every effort to return calls within 48 hours (or within 2 business days) but cannot guarantee the calls will be returned immediately. The therapist is unable to provide 24-hour crisis service. In the event that the client is feeling unsafe or requires immediate medical or psychiatric assistance, they should call 911, or go to the nearest emergency room.

### **Termination of Therapy**

The therapist reserves the right to terminate therapy at their discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, the client needs are outside of the therapist's scope of competence or practice, or the client is not making adequate progress in therapy. The client has the right to terminate therapy at their discretion. Upon either party's decision to terminate therapy, the therapist will generally recommend that the client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The therapist will also attempt to ensure a smooth transition to another the therapist by offering referrals to the client.

### **Acknowledgement**

By signing below, the client acknowledges that they have reviewed and fully understand the terms and conditions of this Agreement. The client has discussed such terms and conditions with the therapist, and has had any questions with regard to its terms and conditions answered to the client's satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with the therapist. Moreover, the client agrees to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Name: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_

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

**NOTE: IF UNABLE TO KEEP YOUR APPOINTMENT, PLEASE GIVE 48 HOURS CANCELLATION NOTICE, OR IF YOU WILL BE CHARGED FOR THE TIME RESERVED. THANK YOU!**