

Conscious AND Conception Pregnancy

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Office Policies and General Information

The client/therapist relationship is unique and deeply personal. The relationship also involves a business agreement. The following information addresses my office policies and other important information about the therapeutic process.

CONFIDENTIALITY AND LIMITS

Everything you say during our sessions and phone conversations, including any notes taken by me, will be kept in strict confidence, unless you request in writing the release of information. There are some legal exceptions to confidentiality, which are enforced to ensure your safety and the safety of others. These legal exceptions include any situation in which a therapist has a reasonable suspicion of child abuse, dependent or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled. In addition, I may be required to release information pursuant to a legal proceeding.

FEES AND PAYMENT

Payment is due at the end of each session, unless other arrangements have been made. My fee for a 50-minute individual session is \$150. My fee for a 60-minute couples session is \$165. Group and workshop fees vary depending on the number of sessions included in the group or workshop. When needed, there may be a reduction in fee.

CANCELLATION POLICY

Please call me to cancel a scheduled appointment at least 24 hours in advance. If you miss your scheduled appointment without notifying me 24 hours in advance, you will be charged your regular fee for the missed session. If you miss your appointment due to an emergency, I will make an effort to reschedule your appointment within the same week.

INSURANCE REIMBURSEMENT

I can provide you with a Superbill for our sessions that you may submit to your insurance provider.

TERMINATION AND REFERRALS

After the first few sessions, I will assess if I can benefit you in reaching your treatment goals. If I do not feel that I can help you, I will offer you several referrals of other therapists you may contact. You have the right to terminate therapy at any time.

Psychotherapy provides a unique opportunity for healing and growth. Please, feel free to ask me any questions that arise about the therapeutic process or your therapy in particular.

Your signature below indicates that you understand the information provided in this form. I will provide you with a copy for your records.

I have carefully read the above Agreement, Office Policies and General Information. I understand them and agree to comply with them.

PRINT NAME

SIGNATURE

DATE