

Keith Attardo, LMFT LLC

Therapy Agreement

It is important that you understand your rights and obligations regarding your counseling experience. Please carefully read the information below so that you can give your informed consent. Feel free to discuss any of this information with your counselor.

Your Therapist:

1. Keith Attardo, M.S., is a licensed Marriage and Family Therapist (MFT) with the State of California, License #MFT44200 and with the State of Arizona License #MFT16009.

Your Counseling sessions:

2. Your counseling sessions will be approximately 45-50 minutes in length.
3. The term of therapy varies from case to case. You may ask for an estimated duration of therapy from your therapist.
4. The **FEE** for individual therapy is \$130.00 per session and \$150.00 for couples or families. Telephone conversations with your therapist over five (5) minutes in length will be billed in fifteen (15) minute increments.
5. **MEANS OF PAYMENT:** Fee or co-pay may be Cash/Check/Credit Card payable at the beginning of each session. Note: There will be a \$25.00 fee assessed for returned checks.
6. **INSURANCE:** I understand that I am responsible for providing all insurance information. GCG will be happy to bill insurance when applicable. Otherwise, upon request, we will give a super bill with all needed information on it to for you to seek reimbursement from your insurance company.
7. On occasion your therapist may deem it necessary to utilize particular testing instruments to enhance the quality of treatment. An additional fee will be charged for each test administered.
8. **APPOINTMENTS MUST BE CANCELLED 24 HOURS IN ADVANCE. OTHERWISE A FULL SESSION CHARGE WILL BE MADE TO THE CLIENT.**
9. Your therapist may be reached directly via his business pager at **(562) 234-4194**
10. According to California laws any kind of sexual contact, or asking for sexual contact, or sexual misconduct by a psychotherapist with a client is illegal, as well as unethical (Business and Professional Code Section 726, 728, and 498 (k)).
11. **Confidentially:** Your counselor is completely confidential with any information conveyed during a counseling session. There are legal exceptions to this confidentiality however, that you need to be aware of:
 - When you report any knowledge of emotional, physical, or sexual abuse of a minor, a dependent adult, or an elder.
 - When in the course of litigation, a court orders disclosure of the therapist's records.
 - When you represent a danger to yourself or others.

GENERAL CONSENT TO DO THERAPY

12. I have read and fully understand these client policies and give my full-informed consent.
13. I apply for and consent to counseling, psychotherapy and diagnostic testing as prescribed by my therapist, Keith Attardo.
14. I agree to be responsible for the payment of \$160.00 (or co-pay) per session which is payable at the beginning of each session.
15. I further understand that I am responsible for payment, or co-pay along with any applicable insurance coverage even though my insurance company may reimburse me.
16. Any appointment that I do not keep or cancel less than 24 hours in advance will be charged to me at full fee.

Client(s) signature

Effective Date

Therapist signature

Effective Date