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Office Policies, General Information and Consent For Treatment Page 1/3

Welcome to my private practice. This document contains information about my professional services and business policies. Please feel free to discuss any of this with me.

PSYCHOLOGICAL SERVICES

A psychotherapeutic relationship is unique in that it is both personal and professional. Given this, it is important for us to have a clear understanding about how our relationship will work and what each of us can expect.

Psychotherapy can result in a number of benefits to you including improving personal relationships and the resolution of the specific concerns that led you to seek therapy. You may experience a significant reduction in feelings of internal conflict, distress and anxiety, an increase in feelings of pleasure and motivation, increased self-awareness, a greater understanding of personal goals and values, and increased skills for managing stress.

However, because psychotherapy often requires discussing complex or difficult aspects of your life and personal relationships, it can also cause uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or hopelessness. In addition, sometimes a decision that is positive for one family member may be viewed negatively by another member.

There are no guarantees about what will happen. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. At times you may find you feel worse before feeling better. Some people find that participating in psychotherapy results in changes that were not initially expected. Transformation and growth is a collaborative process and requires an active, open, and honest effort on both our parts. Ultimately however, success in therapy depends on your commitment to your own personal growth and care.

CONFIDENTIALITY

As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me without your written permission. However, in the following circumstances, your right to confidentiality must be set aside as required by law and/or professional guidelines:

- A. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder/dependent adult must be reported to the appropriate protective services.
- B. If I have reason to believe that a patient poses an unavoidable and imminent danger of violence to another person or property, I must warn whoever may be in danger, and I must notify the proper authorities.
- C. If a court has ordered your treatment with me, or if I am served with a subpoena, i.e., in the context of a legal proceeding in which you raise your own psychological state as an issue, I am required to release information to the court or may have to appear in court.
- D. If you reveal a serious intent to harm yourself, I am ethically bound to do what I can to help keep you safe, which may involve notifying others who may be of help.

In all the above cases (A, B, C and D), it is my responsibility to release *only the information necessary* to appropriately carry out my responsibilities. Your confidentiality remains my ethical priority — along with my responsibility to help you through this stressful time.

CONFIDENTIALITY OF EMAIL, CELLPHONE AND FAX COMMUNICATION

It is important to be aware that communication by email, cellphone and fax carries a certain amount of risk because it can compromise privacy and confidentiality. Please notify me if you choose to avoid or limit the use of any or all of these means of communication. I find cellphones are the safest and most confidential.

PROFESSIONAL CONSULTATION

In keeping with a healthy and ethical therapeutic practice, I participate in ongoing professional consultation. During these consultations, no identifying information about you is disclosed.

FEES, BILLING AND PAYMENT (for students of Margie Haber Studios)

My fee is \$200 for a 55 minute session and \$300 for an 85 minute appointment. Please pay for services at the beginning of each session unless we have agreed on other arrangements. Typically fees are raised every two years. I accept all major credit cards however a \$4.00 processing fee will be added. Report writing and reading, site visits, travel time, consultations with other professionals and extended sessions will be pro-rated. It is your responsibility to be aware of the time if we go over the hour.

INSURANCE

If you carry insurance and would like to submit an out-of-network claim to your insurance company for reimbursement, I can provide you with a monthly receipt of your treatment. Not all issues, conditions or problems which are the focus of psychotherapy are reimbursed. It is your responsibility to verify the specifics of your coverage. Please be aware that a mental health claim carries a certain amount of risk to your confidentiality, privacy, or possibly the future eligibility to obtain health or life insurance. In addition, your insurance company's computer may be linked to the congress-approved National Medical Data Bank which may further increase your vulnerability to unauthorized access.

CANCELLATION/RESCHEDULING

Psychological services are most effective when meeting times are regular and consistent, and the time scheduled for your appointment is reserved specifically for you. If you need to cancel or reschedule a session, you will need to provide me with a minimum of 24 hours notice. Unless we reach a different agreement, you will be charged for the appointment. You are responsible for arriving to your session on time and at the scheduled time. If you are late, your appointment will still need to end on time.

TELEPHONE ACCESSIBILITY AND EMERGENCIES

If you would like to reach me between appointments, you can expect a timely response. You may leave a message on my confidential voice mail at any time (310-226-7000) and your call will be returned as soon as possible. Telephone conversations beyond 5-10 minutes will be pro-rated.

Should you have a clinical emergency and cannot wait for me to return your call, please contact 911, the Los Angeles County Crisis Intervention Line (310-996-6508), the Suicide Prevention Center (310-391-1253), or go to your nearest emergency room or urgent care center.

OTHER RIGHTS

You have the right to question any aspect of your treatment with me and expect that I will work with you to meet your needs. You also have the right to expect that I will maintain professional relational and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would compromise our work together. You have the right to considerate, safe, and respectful care, without discrimination.

If you feel it is time to end treatment before our having discussed it together, I would appreciate and recommend at least two weeks notice. This will help bring about a healthy experience of closure.

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement, that you provide your consent to your participation in psychotherapy with me, and that I have answered any questions you might have to your satisfaction.

Patient:

Name (Print): _____ Date: _____

Name (Signature): _____ Date of birth: _____