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[Office Policies & General Information Agreement for Psychotherapy Services](#) [Informed Consent for Psychotherapy](#)

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Disclosures may be required by law when there is a:

- Reasonable suspicion of child abuse, dependent abuse or elder abuse.
- When a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicates that the client presents a danger to themselves or others.
- A valid court subpoena or court order by a judge.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where the therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, the therapist will do whatever necessary within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, the emergency contact information you provide may be utilized.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on the therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION: The therapist consults regularly with other professionals regarding clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. Emails, in particular, are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all emails that go through them. It is

important that you be aware that emails, faxes, and important texts are part of the medical records. Additionally, the therapist's emails are not encrypted. The therapist's computers are equipped with a firewall, a virus protection, and a password and she also backs up all confidential information from her computers on a regular basis. Please notify the therapist if you decide to avoid or limit in any way the use of any or all communication devices, such as email, cell phone, or faxes. If you communicate confidential or private information via email or text, the therapist will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via email or text. Please do not use email, texts or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: The law requires that your records are maintained for seven years after your termination. If you have concerns regarding the treatment records, please discuss them with therapist. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when the therapist assesses that releasing such information might be harmful in any way. You may also have your records shared, with your written permission to other providers or agencies as deemed necessary.

MINORS IN THERAPY: If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. Therapist encourages parents and guardians to respect the privacy of the minor client and will use sound judgments in sharing information and including you in sessions. Therapist may recommend that parents and guardians attend family sessions. Safety issues will be shared with parents and guardians immediately. If able, therapist will consult with the minor client and/or give the minor client an opportunity to share the information themselves.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact therapist between sessions, please leave a message at the answering service (310) 817-0905 with your call will be returned as soon as possible. The therapist checks messages a few times during the daytime only, unless out of town. Phone calls and text messages should be limited to scheduling needs only. If you have an emergency in between sessions, please call 911 or the Suicide Hotline number, 1-800-273-8255. The therapist cannot guarantee your text or call will be seen in between sessions, especially Saturdays and Sundays, as the therapist is only in the office Monday - Friday. Please use caution when stating confidential information in messages.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to provide their credit/debit card information prior to the start of therapy. Client are expected to pay their session fee prior to the start of every session. Hour-long (55 minute therapy + 5 minutes for record keeping) sessions are standard and will be billed at a rate of \$150. Failure to pay will result in you receiving a bill by email and mail.

MEDIATION & ARBITRATION: All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the therapist and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, the therapist can use legal means (court, collection agency, etc.) to obtain

payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires you to be very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. The therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. The therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, the therapist is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. The therapist provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within the scope of practice.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, the therapist will discuss with you a working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the therapist's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: As set forth above, after the first couple of meetings, the therapist will assess if she can be of benefit to you. The therapist does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals whom you can contact. If at any point during psychotherapy, the therapist assesses that she is not effective in helping you reach the therapeutic goals or that you are non-compliant, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, the therapist will talk to the psychotherapist of your choice in order to help with the transition. If, at any time, you want another professional's opinion or wish to consult with another therapist, the therapist will assist you with referrals, and, if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, and if appropriate, the therapist will offer to provide you with names of other qualified professionals.

DUAL RELATIONSHIPS: Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs the therapist's objectivity, clinical judgment or can be exploitative in nature. The therapist will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, military bases, university campus, etc., multiple relationships are either unavoidable or expected. The therapist will never acknowledge working with anyone without his/her written permission.

Social Media: I believe that adding clients as friends on social media sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites. I will not accept friend requests from clients or members of a client's family. In the event that we are a part of the same social media group, I will do my best to remove myself or not engage with you.

24 HOUR CLEAN AND SOBER POLICY: Clients are expected to remain sober for 24 hours prior to our session. I assert the right to terminate any session if I believe that a client is under the influence or has used substances within the past 24 hours that impairs his/her ability to participate in treatment. If the session is terminated due to substance use, it is considered a no-show and the client will be charged the regular session fee.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for rescheduling or canceling an appointment. Unless there is a different agreement, you will be charged a cancellation fee of \$50. If you miss two consecutive sessions, the therapist reserves the right to give up your therapy time to another client. You may reschedule, but the therapist cannot guarantee you the time you desire. If you miss more than two sessions per month, the therapist will discuss attendance with you and may terminate sessions with you and/or change your therapy time. Also, please note that if you are more than 15 minutes late to session, without giving notice, the session is then considered cancelled and ended. However, if you are running late, please let me know so that the session will not be cancelled and I can save the remaining session time for you.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully (a total of 4 pages); I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

If client is under 18:

Parent/Guardian's Name (print) _____

Signature _____ Date _____