

## INFORMATION & CONSENT FOR TREATMENT

Welcome to ANJOUS psychotherapy. I am Anju Bagrodia, a licensed Marriage and Family Therapist. The practice of marriage, family therapy is both an art and a science. It is varied in its approach, techniques, modality, and methods, and as your psychotherapist, I look forward to a collaborative journey together. The outcome of the treatment will depend greatly on your trusting the relationship and being open to the process.

*“I am not what happened to me, I am what I choose to become”. Carl Jung*

### Therapeutic Process

Psychotherapy is an ongoing journey of understanding self. It is a journey not a destination—where our “doing” and “being” can be joined. At times it will be exhilarating, while at others frustrating -- you may not like the pathways or vistas your travels take you to, and that is ok. The goal of therapy is the acceptance and awareness of self, making room for meaningful interpersonal relationships and being able to live an energized and engaged life to reach your full potential.

It is my intention to actively assist you in reaching your goals. After the initial information gathering, I will work with you to develop an effective treatment plan. I will also periodically check in, provide feedback to you regarding your progress, and will invite your participation in the discussion. Your feedback and input is an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each client, I cannot predict the duration of your therapy or to guarantee a specific outcome or result. You have the right to question any aspect of your treatment and you have the right to end your treatment at any time for any reason, without legal or financial obligation, except for payment of fees already incurred. You also have the right to expect me to maintain professional and ethical boundaries by not entering into other personal, financial or professional relationships with you.

### Fees and Insurance

My fees are \$150 per session. I work on a sliding scale, based on your ability to pay. Individual Sessions and conjoint (marital /family) sessions are approximately 50 minutes in length. I accept Cash, Check or Venmo.

Fees are payable at the beginning of each session. If there is a **past due balance** of two sessions, another appointment cannot be scheduled until the balance has been paid. If appropriate, you will sign a written agreement that specifies an alternative payment plan.

If for some reason you are unable to continue paying for your therapy, I will help you explore other options, work with you to negotiate a new rate, or provide you with referrals and other resources to ensure continued care.

My fees may change over the course of treatment. You will be given 30 days notice prior to any fee increase with discussion about your financial viability and other options. As part of our Standard Business Practice, I require a copy of a valid credit card on file. You will be notified of any remaining balance charges that are billed to the credit card.

**At this time, I am unable to accept any type of insurance.**

### **Appointment Scheduling and Cancellation Policy**

Sessions are typically scheduled to occur once per week with a specific time and day set-aside for you. Depending on the nature and severity of your concerns, we will discuss the meeting frequency to address your needs. Your consistent attendance greatly contributes to a strong therapeutic alliance and a successful outcome. If you need to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. With such advance notice, I will make every effort to reschedule the appointment. For cancellations with less than 24 hours notice, you are responsible for the payment of the missed session. If you are late for your session, the session will still end at its scheduled time.

### **Confidentiality**

I take privacy seriously, and confidentiality is a central part of psychology's code of ethics. Barring the exceptions discussed below, I will not disclose any information that identifies you as a client without your written permission.

**Limitations and Exceptions** where I am required by law or professional guidelines to set aside your (the Client's) rights to confidentiality:

- To protect you or the public from serious harm. For example, if you threaten to attempt suicide or seriously harm another person or property, I may alert people who can reasonably prevent the threat, for example, notifying law enforcement and/or the other person.
- I am required, under state law, to report actual or suspected physical abuse, sexual abuse, neglect or emotional cruelty towards children, the elderly or people with disabilities to appropriate Protective Services. If you are an adult who suffered abuse as a child, you can talk about your experience without triggering the mandatory reporting.
- To respond to an order from a court. This might happen if you're involved in a legal proceeding and your mental health becomes an issue in the proceedings.

- To defend myself in a civil, criminal, or disciplinary action arising from our therapeutic relationship.

In all of the preceding cases, I will do my best to process the reporting and release of information with you.

## **USA Patriot Act**

Section 215 of the Patriot Act authorizes certain FBI agents to request a subpoena from a special court. These subpoenas require access to any requested records, and the subject of the investigation (in this case, my client) may not be notified. If your records are subpoenaed under this act, I am required to turn them over to the requesting court. I am prohibited by law from informing you that your records were subpoenaed or relinquished.

## **Minors and Confidentiality**

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often encouraged to be involved in the minor's treatment.

## **Couples/Family and confidentiality**

It is important that you know that I utilize a "no-secrets" policy when conducting family or marital (couples) therapy. This means that if you participate in family or couples therapy, as your therapist, I might use information or private communications from one member of that couple/family, which may be unknown to the other member(s), in a subsequent joint session to help the treatment unit as a whole.

If you participate in couples or family therapy, I will not disclose confidential information about the treatment unless all person(s) who participated in the treatment provide their written authorization to release such information.

## **Professional Consultation**

I will make every effort to help you address your issues within the scope of my practice. To that end, while protecting your identity, I may discuss your care with other health care professionals. In such situations, I may not ask for your consent.

At times, I may ask for your consent to share information or to discuss your care, with other health care professionals, to coordinate a comprehensive treatment plan for you. If I determine you will benefit from other forms of therapeutic interventions, I may refer adjunct services of other therapists or agencies. I will discuss the recommendations and subsequent course of action

with you. I will not contact other health care professionals unless you allow others to be part of your care team, without your written permission.

## **Termination of Therapy**

The length of the treatment and timing of the eventual termination will depend on the treatment goals and the progress achieved. We will discuss a plan for termination and future steps closer to the completion of the treatment goals.

You may discontinue therapy at any time or initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

If in course of treatment, I am unable to treat you or provide you with adequate mental health services, I will give you referrals for other clinics and therapist to ensure continuity of care. **Unless you are a threat to yourself or another, obtaining and maintaining mental health care is solely your responsibility.**

## **Accessibility & Emergencies**

My phone number is (310) 413-5390. My email address is [anjouspsychotherapy@gmail.com](mailto:anjouspsychotherapy@gmail.com). I will make every attempt to return calls and text within 24 hours. Calls received over the weekend or on holidays, will be returned the following working day during business hours. Phone sessions may be coordinated in advance, if you plan to be out of town.

The following resources are available to you (the client), in the local community to assist you during crisis situations:

**Hospital:** 911

**Crisis Hotline:** 800-273-8255; 800-854-7771

**Teen Line:** 800-852-8336

**Youth Crisis Line:** 1-800-843-5200

**Suicide Prevention:** 877-727-4747; 310-391-1253

**Youth Shelter:** (323-703-7002) 800-914-2272

**Domestic Violence Help:** (800-978-3600; 800-799-7233

**Police with Mental Health Worker:** 310-966-6500

**Psychiatric Mobile Response Team:** (310-482-3260)

As a client, you understand that Anju Bagrodia, LMFT may not check email on a daily basis, and that email is not a confidential way to communicate. The client also understands that sensitive, clinical information discussed over the phone or e-mail or text communication between therapist and client carry potential risks. By agreeing to using electronic communication the client is aware of risks, that may include but are not limited to: inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is the client's responsibility to ensure that email communications are virus-free. In addition, e-mail or text communication may become part of the clinical record.

As a client, you understand that Anju Bagrodia, LMFT does **not work on an emergency basis** and does not carry a pager. In the event of a medical or psychiatric emergency or an emergency involving a threat to my safety or the safety of others, please call 911 to request emergency assistance.

You (the client) acknowledge that you have been given a copy of the HIPAA (Health Insurance Portability and Accountability Act) and that you have reviewed it. The HIPAA details the circumstances in which your private health information (PHI) may be shared with or without your consent. It is important you become familiar with this document, so you will understand the limits of confidentiality and the efforts I, as your therapist, will make to protect your PHI.

As a client, your signature below indicates that you have read this agreement for services carefully; you have reviewed the informed consent and confidentiality with your therapist, Anju Bagrodia, LMFT, and understand its contents. A copy of this information has been provided to you for your records.

Client Name: \_\_\_\_\_  
Please Print

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

Date \_\_\_\_\_