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### CLIENT CONSENT FORM

**Psychotherapy** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

#### **CONFIDENTIALITY:**

**All interactions with Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.**

#### **EXCEPTIONS TO CONFIDENTIALITY:**

- The counseling staff works as a team. Your therapist may consult with other counseling staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- California state law requires that staff of Counseling Services who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services. Furthermore, elderly abuse of any individual 65 years or older or any dependent adult will be reported.
- A court order, issued by a judge, may require the Counseling Services staff to release information contained in records and/or require a therapist to testify in a court hearing.

#### **Cancellation policy**

We appreciate prompt arrival for appointments. Please notify me if you will be late. Twenty-four hour notice of cancellation allows us to use the time for every client. Hence you will be charged in full for any cancellations without the 24 hr notice. We will start and end the session on time. If you are late to session we will still stop at ten minutes prior to the hour as to be courteous to the next Client.

\*\*\*Returned checks will be charged \$ 30.00 plus the amount of the check. In an attempt to collect any debt due to the therapist, the therapist exercises the right to send the account to the collection agency.

## **Insurance**

The full fee is paid in advance. The therapist will Provide the Client a super bill as courtesy. The client is responsible to ask the insurance company if their session will be covered.

## **Couples**

There is a “no secret “ policy for couples. If one of the couple calls the therapist in between session, the therapist will encourage them to bring up the issue in session. Exception to this rule will be crisis, safety and health protected item covered under HIPPA.

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**I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Counseling Services.**

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*Signature of Client*

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*Signature of Therapist*

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*Date*