

Megan Torrey-Payne, LCSW

1139 N. Brand Blvd. Suite A
Glendale, CA 91202

818-259-8372
LCS 21970

Therapeutic Contract

The Therapy Process • Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. As part of my therapeutic process, I use several techniques including psychodynamic therapy, cognitive behavioral therapy, education, homework assignments, and relaxation.

Client's Rights • You have the right to a confidential relationship with me. Within certain legal limits (see #3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission.

1. You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content.
2. If you ask me, I can release any part of your records on file to any person you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you. If you are involved in couples therapy with me, I will need to have signatures from both individuals prior to releasing any information.
3. Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:
 - a. Revealing to me active child abuse or neglect. If a perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors. Revealing to me active physical abuse of a dependent adult or an elder.
 - b. If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
 - c. If you are in imminent danger of hurting yourself, I am permitted to break confidentiality in order to help ensure your safety.
 - d. If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.

4. You have the right to ask questions about any of the procedures used in the course of your therapy.
5. Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.
6. You have the right to terminate therapy with me at any time without any financial, legal, or moral obligations other than those you've already incurred. I have the right to terminate therapy with you under the following conditions:
 - a. When I believe that therapy is no longer beneficial to you.
 - b. When I believe that you will be better served by another professional.
 - c. When you have not paid for the last two sessions, unless special arrangements have been made with me.
 - d. If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified. If I have written consent, I will provide that professional with information they request.

Office Policies

Payment for Service • You are expected to pay for services at the time they are rendered unless other arrangements have been made. I accept cash, check and all major credit cards. Please notify me if any problem arises regarding your ability to make timely payment.

Cancellation • I consider therapy to be a very serious commitment, both on my part and on yours. I attempt to offer you the same appointment time each week and reserve the session time specifically for you. As I do not accept walk-ins, if an appointment goes unattended, I am unable to fill that appointment slot with a client in my waiting room. Please be courteous and notify me as soon as possible if you need to cancel or reschedule. **If a cancellation is received less than 24 hours before the appointment time, or if you fail to show for an appointment, you will be charged the full fee for the length of time that was reserved.** If we are able to reschedule your appointment to another time during the same week, this fee will be waived.

Telephone Time • If you need to contact me between sessions, please leave a message at 818-259-8372 and I will return your call within 24 hours.

Emergency Procedures • An emergency is an unexpected event that requires immediate attention and can be a threat to your health or safety. I am unable to provide 24 hour crisis service. In the event of an emergency, please call 911 or go to the nearest emergency room.

As life can bring unexpected circumstances, should I be unable to continue your therapy due to unexpected illness or death, my trusted colleague, Joanna Saporita, LCSW will contact you to discuss what would be best for you at that time.

• **Please keep for your records** •

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Consent Agreement

I agree to enter therapy with Megan Torrey-Payne, LCSW. I authorize and request that Megan Torrey-Payne, LCSW carry out psychological examinations, diagnostic procedures, and/or treatment which now or during the course of my care as a client are advisable. I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I understand that I can leave therapy at any time.

Payment • Please initial one of the two following payment options:

_____ I agree to pay the standard fee of \$110 for each completed 50 minute session.

_____ I agree to pay the copay or deductible as required by my insurance company. (Please note that only AETNA is accepted at this time.) I authorize the release of any information necessary to process the insurance claim. I authorize payment of medical benefits to Megan Torrey-Payne, LCSW.

I will make payments by cash, check or credit card at the time of the therapy appointment, unless we have made other arrangements. I am contracting only to pay for completed therapy sessions or fees for sessions I miss without providing 24-hour notice as described in the Therapeutic Contract.

_____ (Please initial). I understand that I will be charged the full fee for sessions missed without prior 24-hour notification. I further understand that if I am choosing to utilize insurance, they will not pay this fee and I will be held fully responsible for payment of the standard contracted rate reimbursed by Aetna of _____.

I have read, received a copy of, and fully understand the Therapeutic Contract form.

Date _____ Client's Signature _____

Date _____ Client's Signature _____

Date _____ Therapist's Signature _____