

Anita Avedian, M.S., MFT

19634 Ventura Blvd., Suite 303
Tarzana, California 91356

15233 Ventura Blvd. Suite 1208/1101
Sherman Oaks, California 91403

California License # MFC 38403
(818) 426-2495

Client Registration

Name: _____ DOB: _____ Age: _____

Address: _____

Home Phone: _____ Is it okay to leave a message? Yes No

Cellular Phone: _____ Is it okay to leave a message? Yes No

Work Phone: _____ Is it okay to leave a message? Yes No

Email Address: _____

Family Physician: _____ Phone: (____) _____

Psychiatrist (if any) : _____ Phone: (____) _____

Presenting Problem: _____

Previous Therapy: _____

Briefly describe living situation: _____

Employment: _____

Date of first symptoms: _____

What are the symptoms: _____

Current medications: _____

Other pertinent drug/alcohol history: _____

Person to Contact in Emergency: _____ Phone: (____) _____

Referred by: _____

Date of first office visit: _____

Anita Avedian, M.S., MFT

19634 Ventura Blvd., Suite 303
Tarzana, California 91356

15233 Ventura Blvd. Suite 1208
Sherman Oaks, California 91403

California License # MFC 38403
(818) 426-2495

I _____ have been given a copy of an Informed Consent for Psychotherapy. I have been given the opportunity to have any and all questions answered relevant to my proposed psychotherapy.

I agree to enter into a course of therapy with Anita Avedian, MFT as of _____ at a rate of \$ 200 per 50 minutes payable at the time of service.

I understand that cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE.

I grant permission for case consult with other professionals as long as standard care is exercised to protect my privacy and confidentiality. I understand that if I elect to use medical insurance benefits for these services my insurance company will be informed of a medical diagnosis and certain relevant aspects of my treatment, including procedure codes, and other standard pertinent history and prognosis information.

I have been advised regarding the limits of above stated confidentiality and I agree that I will not authorize the execution of a subpoena for any purpose. I hereby authorize my therapist to resist subpoenas executed by any other person or persons in order to protect and insure my privacy and confidentiality.

I have read and understand the information contained in the Client Information Sheet. I have been given the opportunity to have any and all questions answered relevant to my proposed psychotherapy.

Client's signature

Anita Avedian as witness

Date

Date

Anita Avedian, M.S., MFT

19634 Ventura Blvd., Suite 303
Tarzana, California 91356

15233 Ventura Blvd. Suite 1208
Sherman Oaks, California 91403

California License # MFC 38403
(818) 426-2495

INFORMED CONSENT FOR PSYCHOTHERAPY CLIENT INFORMATION SHEET

General Information

The therapeutic relationship is a mutual endeavor to which the therapist contributes knowledge and skill in psychology and to which the client brings specialized personal knowledge and a commitment to work on his/her own problems. The goals of psychotherapy are both general and specific. General goals include promoting a greater self-awareness of the client's feelings, motivations, behavior and interactions with other persons in his/her life. This awareness and understanding will hopefully promote clarification of personal goals, values and priorities and thus, enable him/her to cope with life tasks in a more directed and fulfilling manner. Specific goals in psychotherapy depend on the unique circumstances of each client.

The techniques utilized in the process of psychotherapy may include the disclosure by the client of deeply personal thoughts, feelings and experiences. The therapist may provide feedback to the client in order to generate insight and provide new coping skills. At times, the therapist may offer confrontation of certain beliefs, attitudes, or behaviors as a device that will allow the client to risk new behaviors beyond his/her present level of function.

Research supports the overall effectiveness of psychotherapy, but it is also clear that psychotherapy is not effective in all cases. Many factors seem to influence the effectiveness of psychotherapy, and I will continually monitor your progress and make adjustments as necessary. You can improve the effectiveness of your therapy by attending sessions regularly. It is also possible that changes brought about by your psychotherapy will be experienced by you or your family members as undesirable or uncomfortable- sometimes because change is uncomfortable in and of itself and sometimes because changes can upset a given family equilibrium. Any concerns in this regard should be discussed with me.

Initials _____

Billing

My standard fee is **\$200** per 50-minute session, unless otherwise agreed upon. A sliding fee scale may be used in setting the fee to accommodate clients with special needs who cannot pay the full fee. All fees are payable at the time of service unless other arrangements are agreed upon in advance. A detailed invoice of charges can be obtained for the purpose of submitting to an insurance carrier or other third party payer for reimbursement. There will be no fee for this service on current bills, however an outstanding account may be charged a \$5.00 service fee for each statement. Past due accounts may be additionally subjected to interest charges of 5% per month if a balance is neglected for more than 30 days. In the case of a third party payer, the client is fully responsible for all charges not covered by insurance. If the balance is past due 90 days, it is subject to go to collections.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Fee Schedule

Time-Frame	Fee
50- minute session	\$ 200
75- minute session	\$ 300
100 - minute session	\$ 400

For clients who wish to maintain their privacy, or who are unable to travel to the office, Anita offers house visits at her sole discretion. Home visits are reserved for sessions lasting 90-minutes or longer. Contact Anita for further information.

Time-Frame	Fee
90 - minute session	\$700

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours. The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Initials _____

Confidentiality

The session content and all relevant materials to the client's treatment will be strictly held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. If a client involves a therapist in a conspiracy to commit a crime or a conspiracy to avoid detection from prosecution.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate to not to engage in any lengthy discussions in public or outside of the therapy office.

Initials _____

Availability

I will be available via voicemail during standard business hours. Any more than one phone call that goes beyond 15 minutes in any one-week period will result in you being charged on a quarter of an hour basis. This is based on your regular therapy session rate. If I am on vacation or it is after business hours, and you are having an emergency, dial 911 or The Suicide Prevention Hotline (877) 727-4747, unless we have arranged for a back-up therapist to be available while I'm on vacation.

Initials _____

Termination

Our relationship is strictly voluntary and you may leave the psychotherapy relationship anytime you wish. However, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Initials _____

About the therapist

As a consumer of mental health services you have a right to know about the qualifications of your therapist. I have a Master's degree in Educational Psychology with an emphasis in Marriage, Family, and Child Counseling. I have a program certificate in Employee Assistance Counseling, as well as Human Resource Development. I worked with battered women and abused children for over 5 years. I also have extensive experience facilitating cognitive-behavior interventions to people who have high levels of anxiety and/or severe depression. Another treatment modality I use in my practice is Thought Field Therapy (TFT). TFT is a unique technique that is very effective for people who have experienced trauma, anxiety, or panic attacks. Several other certifications I have include Anger Management, Substance Abuse Treatment, and Critical Incident Stress Management.

Initials _____