

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: _____

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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 group therapy with Anita Avedian, MFT as of _____ at a rate of \$ 225 per month. I understand that I am paying for my space in the group, so that even if I cannot attend a session, I will still be responsible for that payment.

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

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INFORMED CONSENT FOR PSYCHOTHERAPY CLIENT INFORMATION SHEET

Welcome to the Social Anxiety and Shyness Group facilitated by Anita Avedian, MFT

In deciding to become a member of Anita Avedian's psychotherapy group for adults who experience social anxiety, I agree to be responsible for the following contract:

Attendance

- The first session is on a trial basis to determine whether this group will be a good fit for me.
- To come on time and stay for the entire session; in the event of necessary absence or lateness, to tell or notify the group in advance. Start time is 6:00 PM and ends at 7:15 PM, and runs weekly, unless the group decides otherwise. This group is ongoing, and allows for new members to join at anytime.

Confidentiality

- To respect as confidential what goes on in the group. This means that in speaking of this group outside of the meeting room, I agree to do so in a way that protects the identity of other group members.

Payments

- To pay for each month's meetings in advance at the beginning of each calendar month, and to pay for all sessions for the month, whether I attend or not.
- No insurances will be billed from the therapist's behalf. If I want a superbill to turn into the insurance for possible reimbursement, I will request for one in advance so that I can be provided with the necessary paperwork.

Termination

- To inform group participants when I start considering the idea of termination.
- To leave enough time (usually 2 meetings) to say good-bye and allow for expression of my own and other group members' feelings regarding my leaving.

Group Process

- To let other members affect me and be willing to talk openly and honestly about my reactions as I become aware of them.
- To use the group process to work actively on problems that brought me into therapy and/or to work on problems that are identified in the course of therapy.
- To use a fair share of the time. The group time is 75 minutes. When I share personal issues, I will try to be mindful of the time to allow others to share as well.
- To put thought and feelings into words, not actions.
- Mutual respect is essential to maintaining the safety of the group. It is okay to disagree with others, but it is not okay to treat members disrespectfully.

- To arrange for individual therapy sessions when an issue is not amenable to the group process.

Some meetings will have an agenda including behavioral and cognitive work, however, ultimately it is for the group members to decide what to talk about, and part of therapy is to understand your contribution to the way the group develops.

About The Social Anxiety and Shyness Group

By participating in this group, you will learn about yourself and improve your interpersonal relationships. Feelings of anxiety in social situations will be addressed.

Group therapy provides an atmosphere where you come together with others to share problems or concerns, to better understand your own situation, and to learn from and with each other. This group therapy will ultimately provide room for change and growth.

Some of the many benefits of participating in the Social Anxiety and Shyness Support Group include:

1. *Learning to become more comfortable within a group setting and other feared social situations.*
2. *Having the opportunity to role play different feared social situations in a supportive and safe environment.*
3. *Learning that other people have similar problems, and understanding that you're not alone in your anxiety.*
4. *Perceiving how group members react to different social situations and receiving valuable and honest feedback.*
5. *Having encouragement to challenge yourself at your own pace in social situations.*
6. *Working to express problems, feelings, ideas and reactions as freely and honestly as possible.*
7. *Experiencing feelings of encouragement through observation of others successes in feared social situations.*
8. *Confronting fears and phobias directly and testing out concerns about others' perceptions, and taking advantage of the presence of others.*
9. *Creating an environment to practice newly learned skills within the group.*
10. *Learning through helping other members overcome their fears and being a support system for one another.*

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

The monthly fee will be \$225. 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 \$15.00 service charge will be charged for any checks returned for any reason for special handling.

Should you choose to enter into individual therapy with Anita Avedian, the rate is \$175 per 50-minute session.

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 an individual therapy 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

When you think you are no longer interested in participating in group, please give the group a 2-week notice so that they can process the idea of you no longer attending group. It allows for expression of your feelings as well as other group members' feelings regarding your decision.

Initials _____