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Welcome to therapy! This information has been written to inform you, the client, about the basic terms, conditions and professional practices that promote a successful therapy experience. If you have any questions, I will be happy to discuss them with you.

Participating in therapy can help you learn new and important things about yourself and others as well as better ways of handling feelings or problems. While there are no guarantees, coming to therapy should help you feel better and produce beneficial results.

You know therapy is working when you feel less worried, afraid or anxious and when you come to feel better about yourself. Sometimes you may feel worse before you feel better. This is a part of the therapeutic process and usually means you are making progress.

Consent for Treatment

The client or his/her representative agrees to receive the psychological services being sought, including assessment and treatment, under the following terms and conditions.

Confidentiality: All the information disclosed within sessions is strictly confidential and may not be revealed to anyone without the written permission of the client, or if applicable, the client's representative. The only exceptions are when disclosures are required or permitted by law. Those situations involve physical harm to oneself or others or suspected abuse of children or the elderly.

Appointments

Therapy sessions consist of a 50 minute hour. In order to be effective, therapy needs to take place on a regular basis. All appointments need to be scheduled in advance. The best results occur when you consistently schedule appointments and maintain regular attendance at therapy sessions. Appointments canceled or rescheduled with less than 24 hours notice may be charged up to the full fee.

Payment for Services

Payment for professional services is due in full at the time services are provided unless other arrangements have been made. My full fee is \$120 per session.

The client's financial obligation continues as long as I am providing professional services or until the client informs me, in person or in writing, that the client wishes to terminate therapy. You are responsible for payment of all services provided up until the time the therapeutic relationship has concluded.

Insurance Reimbursement

At this time, I accept UBH, Blue Cross, Blue Shield and Pacificare insurance. Be sure to have the authorization number and your member ID with you to make the transaction easier. Please note that the minimum rate for a session that I can accept is \$70, so you may have to raise your co-pay to meet that minimum. We can discuss this at the initial session.

Clients who carry health care insurance for which I am not a provider need to remember that professional services are provided and charged to the client and not the insurance company. You need to check with your insurance company to determine if there is coverage for psychotherapy, the amount of the annual deductible and whether any additional documentation is required before the insurance company will reimburse any or all therapy costs. Upon request, following full payment, I will provide you with a receipt usable as a "superbill" which can be submitted to your insurance company for reimbursement. If

the insurance company requires me to complete forms, you should provide these to me as soon as reasonably possible.

Contacting me between Sessions

Between therapy sessions, you can leave a message or contact me by calling 213-925-9115. I check my messages several times each day and I will call you as soon as reasonably possible. I also have e-mail and check e-mail several times each day at rebeccamft@mac.com. If you have a medical or clinical emergency, please call 911.

The client, or if applicable, the client's parent(s), legal guardian(s) certifies by signing below that he/she has read, understood and accepted these terms and conditions of service for his/her records.

_____ and/or _____
SIGNATURE OF CLIENT SIGNATURE OF PARENT
(OR NAME IF A MINOR)* CLIENT'S REPRESENTATIVE

_____ _____
REBECCA ISHIDA, M.A., MFT DATE OF SIGNING