



Consent For Treatment

Acknowledgement of Agreement and Consent for Services

By signing this document, I acknowledge that I have reviewed and fully understand the terms and conditions of this agreement. I have discussed such terms and conditions with staff at Marriage, Family And Individual Therapy a Professional Corporation DBA Glendale Counseling Services (herein "Center") and my primary therapist (herein "Center Provider") and have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this agreement and consent to participate in services.

Moreover, I agree to hold the Center free and harmless from any claims, demands, illnesses such as Covid-19 or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. I understand that I, or the Responsible Party, is financially responsible to Glendale Counseling Services for all charges, including unpaid charges by my insurance company or any other third-party payor.

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, I agree to the terms and acknowledge that I have been provided with a copy of the Informed Consent and Notice of Privacy Practices document. This document provides information about agreements with my therapist regarding participation in therapy and how my protected health information may be used and disclosed. I have read it in full and understand these documents are subject to change. If I have any questions about my Notice of Privacy Practices, or wish to receive a copy of any revisions of the Informed Consent and Notice of Privacy Practices, I acknowledge that I may submit my request to Glendale Counseling Services at 100 N. Brand Blvd., Ste. 640 Glendale, CA 91203, (323) 533 8805.

Therapist Qualifications

David Ibrahim, M. A. LMFT (120556) is licensed to diagnose and treat mental health disorders. And provides mental health treatment.

Cancellation Policy

The client is responsible for payment of 100% of session if cancelled. Cancellations are to be presented by the patient at minimum 3 business days in advance or more. The client is responsible for payment of 100% of session if cancelled with the exception of 3 day's or more notice. The patient will be charged even in emergency or sickness if the session is canceled outside of that timeframe.

Covid 19 Protocol

By receiving services in person, which you are not required to meet in person, you will be mindful of the risks to yourself, your therapist, and your family members. I request the following from you. Regarding Virus's such as Covid 19 there are potential risks involved to meet in person. There is a Telehealth option instead of meeting in person. In regards to the State of California, Therapists are essential workers and allowed to work in an office space and meet patients. As some patients benefit from in person work. Patient agrees to follow sanitization protocols on entering office to use hand sanitizer that is provided. Please bring your own mask. Seating area is 6 feet apart and adheres to social distancing regulations. If any symptoms of sickness are present to notify Therapist and meet on an online platform instead. Additionally, Therapist agrees to spray down the seated area where the last session patient has been seated with Lysol disinfectant spray, which is approved by the Center for Disease Control (CDC) for disinfecting Covid 19. The room is left to sit for minimum of 10 minutes and aired out before next patient to ensure safety of all patients. If you or a member of your immediate household tests positive for COVID-19, you should not attend in person sessions. You agree that if this is the case, you will inform me immediately so that we may resume Telehealth sessions.

What to Expect from Treatment

Studies of psychotherapy indicate that most clients benefit from treatment and experience improvement in the problem areas for which services are sought. However, treatment benefits cannot be guaranteed. Response to

therapy is different for each client. In general, the therapist will assess your problems and provide therapeutic services designed to resolve or reduce the magnitude of the problems you are experiencing. Therapy may focus on feelings, thoughts, relationships, and/or behaviors.

Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Confidentiality/Privacy

Currently, both law and professional ethics require therapists to maintain complete confidentiality in the vast majority of cases. In these cases, the therapist cannot release any information about you without your written permission. However, there are some exceptional circumstances in which therapists are required to communicate information about your therapy to external sources. These exceptions are as follows:

- The client presents a clear and present danger to him/herself and refuses to accept appropriate treatment.
- The client communicates to the therapist a threat of physical violence against a clearly identified victim or the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The client introduces his/her mental condition as a defense in a legal proceeding.
- The client initiates legal action against the therapist.
- The therapist has grounds to believe a child under the age of 18, or an elderly person (over age 60), or a handicapped adult has been, or is at risk of being abused or neglected.
- The therapist has reason to believe a health care professional has engaged in professional misconduct.
- A judge orders the therapist to release client information.

It should also be noted that insurance companies reimbursing mental health services require information about these services. Therefore, if you are using insurance to pay for treatment, information will be released to your insurer.

Communication

Email and/or text message communication will not be used to communicate individual medical information in any capacity. Email and text communication with Glendale Counseling Services is restricted to the following uses:

- Scheduling appointments (including, rebooking and cancellation.)
- Providing practice policies and protocols (e.g. privacy policy, referrals, etc.)
- Providing general educational and health promoting electronic documents, resources, and links.
- Providing newsletters and information on upcoming events.
- Brief supportive contact between therapist and client when appropriate.

I understand the above and consent for treatment:

Client Name

Date

Signature of Client or Legal Guardian if Client is a Minor