ANDREA KEITH, LMFT, CEAP, CAMF, CISM
Psychotherapy, Support Groups, and EAP Programs
Quality by Design

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Licensed Marriage and Family Therapist MFC#45708 www.time4therapy.com
State Certified Domestic Violence Victim-Survivor Advocate
Certified Adult Anger Management Facilitator (CAMF)
Anger Management Program Director and Adult Group Facilitator
Specialist in Pet Loss Bereavement
Certified in Critical Incident Response – Critical Incident Stress Management (CISM) and Debriefing (CISD) – Specialized in Crisis Intervention for Workplace and Industrial Applications
State Certified Sexual Assault Victim Advocate
Problem Gambler Treatment Provider - State of California Trained
Tax ID: 57-1884690 NPI:1447419007 CAQH:12153002

Certified Employee Assistance Professional (CEAP)
Probation-Approved Facilitator for Court-Ordered Domestic Violence Offender Intervention Groups
Certificate for Advanced Studies in Grief, Loss, Bereavement
Pet Loss Support Groups www.pet-loss-therapy.com
Worker's Comp & Chronic Pain Support Group Facilitator
Partners of Sex Addicts Support Group Facilitator
Partners of Problem Gamblers Support Group Facilitator

EAP CLIENT AGREEMENT / INFORMED CONSENT

No information obtained during therapy sessions(s) is ever released to outside sources without written consent unless it pertains to your (1) being gravely disabled, (2) violent acts or imminent danger to yourself and/or others; including (3) suspected child, elder, or pet abuse, and (4) pursuant to a court order or legal action by you, against your therapist. It is agreed that services can include assessment(s), referral(s), psychotherapy, and psychoeducation. Services received will be consistent with generally established and acceptable best practice guidelines in the mental health profession.

It is the desire of this therapist that we have a good working relationship. Therefore, should you have any questions about such services, you are strongly encouraged to present and discuss them with this therapist. However, should it be in the best interest of therapy, or should you choose to terminate your therapy and seek services from another therapist/agency, this therapist will not be responsible or liable for your continued therapy. In addition, appropriate referrals will be provided to you upon your request.

Having been referred by your EAP, it is understood that your EAP and this provider are authorized by you to use, disclose, release, and exchange, with each other, the following individually identifiable protected health information: (1) assessment, treatment, and referral data; (2) Any information required or useful to obtain authorization for services, obtain benefit coverage, or obtain payment for services; (3) Any information required or useful for planning, providing, or monitoring services; (4) Any information required or useful for administration of the EAP program and services.

The fee for your EAP and/or psychotherapy visits are paid by your employer thus there is no cost to you. Each session is based on the 50-minute therapeutic hour. Appointments must be made in advance. ***If you are unable to keep a scheduled appointment, a minimum 24-hour advance notice is required. If a timely notice of cancellation (this includes no show appointments) is not provided, one of your EAP sessions may be forfeited or you may be held financially responsible for this therapist's standard fee for service equal to one session.*** When a 24-hour advance notice is provided, it becomes possible to schedule another client during that time.

In the event of an emergency, this therapist is authorized to contact emergency services (tel. 911) if necessary. You also authorize this therapist to contact the following person(s) in the event of an emergency and/or to leave appropriate messages on voice mail, with answering services, or with others who answer:

Emergency Contact: _____ Tel: _____

Emergency Contact: _____ Tel: _____

I understand and agree to the terms of this agreement.

_____ _____ _____
Client's Signature Therapist's Signature Date

_____ File copy (1) _____ Client copy (1)