
ANDREA KEITH, LMFT, CEAP

Psychotherapy and EAP Programs
Quality by Design

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www.time4therapy.com

4199 Campus Drive, Suite #275
Irvine, CA 92612
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949.650.2442

Treating Therapist: Andrea Keith, MFT, CEAP, CAMF
Licensed Marriage and Family Therapist #MFC45708
Certified Employee Assistance Professional (CEAP)
State-Certified Domestic Violence Victim-Survivor Advocate
Certified Anger Management Facilitator (CAMF)
Probation-Approved Facilitator for Court-Ordered Batterer Intervention Groups
Certification in Grief, Loss, and Bereavement

CLIENT AGREEMENT / INFORMED CONSENT

No information obtained in 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 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 psychotherapy, psychological assessment, and/or EAP. Services received will be consistent with generally established and acceptable good 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.

The standard fee for psychotherapy service is \$110 per 50-minute session. Rates can and do increase from time to time. If you can't afford this fee, and you meet financial hardship criteria, you may qualify for a reduced fee. A reduced fee, or sliding scale fee, is based upon one's income and ability to pay. If we have discussed and agreed to work upon a sliding scale, your fee for counseling services is \$ _____ per 50-minute session.

Payments are to be made at each session or before, unless otherwise agreed. A 24-hour cancellation notice is required if you are unable to keep a scheduled appointment. If a timely notice of cancellation is not provided, you are responsible for payment of your missed session. This policy also includes no-show appointments. You remain responsible for all fees due at the time of termination of therapy until they are paid. Unpaid fees may be subject to legal action or referral to a collection agency.

Appointments must be made in advance. As a receipt of services, you will be provided with a Superbill. You may submit this Superbill to your insurance company for any allowable reimbursement based on your coverage. 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)