

**GRETA ANGERT, MFT**  
**9777 Wilshire Blvd., Penthouse 1007**  
**Beverly Hills, CA 90212**  
**310-712-6318**

**INFORMED CONSENT**

This information has been prepared to acquaint you with policies about issues that frequently arise over the course of therapy.

**CONFIDENTIALITY:** As an adult, anything you do or say in the context of our sessions is privileged. This means that whatever you say to me is confidential. There are some exceptions to this rule: harm to self or others, child abuse, elder abuse and legal matters.

**INSURANCE:** I do not accept HMO insurance but if you have out of network benefits in your plan (PPO), I will give you a statement to submit to your insurance company. Most insurance companies reimburse a portion of the session fee and it is worthwhile to contact your insurance company for this information.

**FEES:** Payment is accepted in the form of cash, check or Mastercard/Visa. Fees are established before the first session begins and paid at the time services are rendered. Clients may prepay for future sessions if so desired. Some clients require additional time outside of the session for case consultation and follow up communication with other treatment providers. A prorated rate for each 10 minutes will be applied to the balance.

**SESSIONS:** First sessions are 45 minutes long and used for gathering information and assessment. Subsequent sessions are weekly and 45 minutes long.

**CANCELLATION POLICY:** 48 hours notice is required to cancel a session. Less than 48 hours notice of cancellation is subject to the usual session fee. If a session can be rescheduled within the same week, the cancellation fee will be waived.

**PHONE AND EMAIL COMMUNICATION:** Clients may call or email between sessions if the need arises. Calls and emails will be returned as soon as possible. There will be no charge for phone calls under 10 minutes. After 10 minutes, the usual fees will apply.

**END OF TREATMENT:** Clients are asked to provide notification of their intention to terminate therapy several weeks in advance. This will allow for an opportunity to discuss and provide appropriate recommendations and follow-up sessions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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