

# Annabel Raymond, LMFT, MFC 83535

West LA: 2550 Overland Avenue, Suite 100, Los Angeles, CA 90064  
Silverlake: 2820 Glendale Boulevard, Suite 3, Los Angeles, CA 90039  
Phone: (310) 740-1969 Email: araymondmft@gmail.com

## LETTER OF INFORMED CONSENT FOR PSYCHOTHERAPY

This document provides important information to you regarding your treatment. Please read the entire document thoroughly and ask any questions you may have regarding its contents.

### Appointments and Cancellation Policy

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- (1) The standard meeting time for psychotherapy is 50 minutes. Exceptions to this are initial consultation for families and couples. Requests to lengthen the 50-minute session need to be discussed with the therapist in order for time to be scheduled in advance.
- (2) To avoid being charged for a cancelled session, the session must be cancelled **at least 24 hours in advance** by leaving a voice message at (310) 740-1969 (\*line does not accept text message) or emailing me at [araymondmft@gmail.com](mailto:araymondmft@gmail.com). Sessions cancelled with any less than 24 hours notice will be charged at the full fee. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.
- (3) The therapy agreement is based on weekly attendance at therapy appointments. I am unable to hold open a time slot for less-than weekly attendees. I allow for 2 cancellations in a 6-month period before we will need to re-assess your ability to commit to weekly appointments.

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### Fees

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- (1) The fee is \$150 per 50-minute session. Payment by is requested at the beginning of each individual, couples, or family session. Please arrive for your appointment prepared to make payment before we begin.
- (2) Extended sessions for family and couples consultation are pro-rated according to the standard fee.
- (3) I accept cash, check, credit card, or PayPal. Credit card transactions include a 3.75% service fee. PayPal payments include a 3 % fee.
- (4) Checks returned for insufficient funds are assessed a service charge equal to the bank fee imposed.
- (5) All accounts must be settled by the end of each month. I require a completed credit card authorization form from all clients. This form will be stored in a secured and locked file drawer and used only to charge for missed appointments (without 24 hour cancellation) as well as fees unpaid by end of month. Credit card transactions include a 3.75% service fee.
- (6) A debt on which payment has not been made by client for more than 60 days may be turned over to collection pursuant to state law.

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### Insurance

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- (1) I do not take insurance. I am available to assist your efforts to seek insurance reimbursement by providing you with a monthly receipt for services upon request.
- (2) You are responsible for verifying and understanding the limits of your insurance coverage. I am unable to guarantee whether your insurance will provide payment for the services provided to you.

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### Policy and Laws Regarding Confidentiality

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Communications between you and me are private and protected by law. I can only release information about our work to others with your written permission. The only exceptions to this are the following:

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- I. State law requires all mental health providers to report suspected child abuse, elder abuse, or dependent abuse or neglect.
- II. If you make a serious threat to harm another or yourself, I am legally obligated to report it to the authorities and/or warn the intended victim.
- III. In some court proceedings involving child custody and those in which your emotional condition is an important issue, a judge may determine my testimony or your records are required for fair finding.

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### Social Media and Telecommunication

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Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Initial Here: \_\_\_\_\_

### Records & Additional Paperwork

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- (1) I keep professional, written records of our psychotherapy sessions. These records are completely confidential to our relationship and all record-keeping complies with up-to-date HIPAA guidelines. You may request a summary of your records at any time. There is a charge of \$150.00 per hour for any time spent responding to this request. I recommend that we review the summary together so that we may discuss the content.
- (2) If you require letters or paperwork completion by me outside of our sessions for any reason, I suggest we discuss the content and information you would like shared beforehand. I also charge \$150.00 per hour for any time spent on any additional paperwork.

Initial Here: \_\_\_\_\_

### Therapist Availability / Emergencies

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- (1) You may leave a message for me at any time. If you would like me to return your call, please be sure to leave your name and phone number(s) and I will make every effort to return your call within 24-48 hours. However, I will need to charge you at the regular rate for frequent conversations or those over 10 minutes.
- (2) I sign off of email on Friday, Saturday and Sunday. Any emails received in this period will receive response during the following work week. I check voicemail less frequently on weekends as well but will return urgent calls within 24-48 hours. Non-urgent calls will be returned during the following work week.
- (3) Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or go to any local emergency room.
- (4) I will let you know when I will be out-of-town, and my voicemail message will inform you how to contact the colleague who is on-call for me in case of emergency. **For your information, you may reach suicide prevention anytime at (310) 391-1253 or (877) 727-4747. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 or go to the nearest emergency room.**

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### Termination of Therapeutic Relationship

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Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Initial Here: \_\_\_\_\_

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I have read all contents of the Consent for Treatment document and my signature (below) attests to my understanding of these policies and laws:

\_\_\_\_\_  
Client #1 Name (Print)

\_\_\_\_\_  
Client #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client #2 Name (Print)

\_\_\_\_\_  
Client #2 Signature

\_\_\_\_\_  
Date