

Puja Therapy and Yoga

LCSW, LCS 24159, RYT-200

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INFORMED CONSENT, POLICIES & DISCLOSURE

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps create the safety to take risks and provide support. Therapy has many benefits and potential risks. It is normal for therapy to bring up unpleasant or uncomfortable feelings through the process. Despite some risks, therapy can have profound effects on your life, such as improving relationships, communication, alleviating symptoms, problem solving, and enhanced well being.

You and I will work collaboratively to determine your goals in treatment and the best approach that fits your needs. Initial sessions will focus on building rapport, gathering history, understanding your reasons for seeking treatment. As a client in therapy, you have certain rights that are important for you to know because this is your therapy. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

I. Confidentiality

All information conveyed in sessions and other communication will remain confidential. I will not release any information about you or your treatment without your consent. There are specific exceptions to the privacy practice and I will inform you of any time when I will have to put these into effect. Important exceptions to this rule are:

1. If there is a court order for me to appear, or to produce the treatment records
2. If you authorize your insurance plan to be used for services, some information may be shared for billing purposes and to justify services and billing.
3. If I feel that there exists a serious danger or threat to any person or themselves.
4. If there is evidence of child, dependent adult or elder abuse.
5. To consult with other healthcare providers for the client's care

II. Modalities

Parents and Children: Children need to know that their parents have a right to know what goes on in therapy, but rather than reporting back what is said, I may discuss how

things are going. I want both the child and the parent to know that it's important for the child to feel like what he or she is saying will be kept private.

Couples and Families: I encourage you to share any thoughts or feelings directly in our group sessions rather than privately with me.

Groups: As with individual therapist, I will hold confidential anything disclosed in groups. Group members are asked to not share things with individuals outside the group.

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Please refer to the policy provided for more detailed information regarding your protected health information..

III. Professional Records

The laws and standards of therapy practices require that I keep and maintain confidential treatment records. You are entitled to request a copy or a summary of your records, unless I feel that it will cause you psychological harm. If you want to review your records, I suggest reviewing them together to reduce any potential misunderstanding or undue harm. I will maintain your records in a secure location that cannot be accessed by anyone else.

***Please note that I work in an office shared by other independent mental health professionals. I am responsible for the services I provide to you. My professional records are separately maintained and no other tenant in the office has access to them.

IV. Meetings and Fees

I offer a free phone consultation to discuss my services and answer any questions you may have. We will set an initial meeting to further discuss your reasons for seeking therapy services and address your needs, frequency, and fees. Sessions are scheduled for **50 minutes** and once you schedule an appointment, you are expected to pay the full fee. If you need to cancel a scheduled session, please inform me **24 hours** in advance.

My hourly rate is **\$120** for individual sessions and **\$150** for couples and families. If you are experiencing financial difficulties, I do offer a sliding scale that can be determined either prior to or during the initial session. You will be expected to pay for each session at the end of the session, unless another arrangement has been previously discussed. Payments can be submitted in cash or check. I can also provide you with a Superbill on a monthly basis for you to submit to your insurance provider, as an 'out of network' provider.

V. Contact

I can be reached by phone at **626.344.9835** or by email at **pujatherapyandyoga@gmail.com**. You can use phone communication or email to schedule appointments and/or cancellations. If you are experiencing a medical or psychiatric emergency, please call 911 or go to your nearest emergency room. Please note that I am available for emergencies, however I may be unable to respond immediately.

Consent to Therapy Services

Your signature below indicates that you have read and understand the information in this document and agree to abide by the terms outlined during our professional relationship. Your signature also consents and authorizes, **Puja Chhabra, LCSW, RYT-200** to provide therapeutic services to you.

Client Signature

Date