

# Harmony Heals, Inc



Dear New Client:

We are pleased that you have chosen to work with us.

The attached guidelines are intended to maximize our work. Each consideration has been clearly and carefully outlined so that our relationship is mutually productive, creative and enjoyable. If you have any questions regarding these boundaries, please feel free to discuss them with us.

Participation will occur in many different ways and will depend upon your needs at that time. Participation may include but is not limited to the role of therapist, counselor, strategist, motivator and/or supporter.

Our relationship with you in all of its various roles and stages is one of great responsibility, which we willingly accept and take very seriously. It is, and will continue to be, a relationship which is valued. Therefore, we shall proceed with the highest degree of honesty, integrity, compassion, professionalism and respect.

Sincerely,

Harmony Heals, Inc

24351 Moulton Pkwy Suite 120 Laguna Woods, Ca. 92637  
Telephone (714) 897-1615, (949) 837-2751 & Fax (949) 586-5695

## **OUR GUIDELINES:**

*Please read the following carefully. If you have any questions, feel free to discuss them with your counselor or service provider.*

### **LENGTH OF SESSION AND FREQUENCY:**

We will be prepared to begin our meetings at the designated time agreed upon.

Our time together is set for 50 minutes. We will begin each session on the hour or on the half hour, and will conclude 50 minutes later. However, should you find 50 minutes is inadequate for your needs, future sessions can be scheduled for longer periods of time. The scheduling of your sessions, in time and frequency, is flexible based on your changing needs and the availability of your therapist.

### **PAYMENT:**

It would be to your advantage to have your check prepared in advance of our meeting in order to maximize our time together. However, if a check is returned by the bank for non-sufficient funds (NSF), a fee of \$20.00 will be charged to you. In addition to this fee, we may require future sessions to be paid in cash.

### **INSURANCE:**

Most insurance is accepted for psychotherapy only. However, you are responsible for all fees not covered by insurance.

### **FEES:**

We have agreed upon an hourly fee of \$ \_\_\_\_\_. The fee may be renegotiated from time to time; for we what this to be fair for both parties.

### **SCHEDULING:**

If you are not able to attend a scheduled appointment, there is a **standard 24 hour cancellation policy**. Any appointment canceled less than 24 hours in advance **will be charged their set hourly rate**.

### **TELEPHONE CALLS:**

We can be available to assist you by telephone, in an **emergency situation** only. We ask that you limit the phone call to 10 minutes. If more time is needed, it may be necessary to schedule an extra session. An emergency constitutes the following situations: intent

and/or plan to harm yourself or another. At this time, we urge you to dial **911 first** before dialing the counseling center.

You may telephone the counseling center at any time during the day and/or evening at: (714) 897-1615. We will get your message and return your call as soon as possible. If you leave a message after 9:00 pm, chances are your call will not be returned until the next morning.

### **INTERNS:**

We have interns who will be able to see clients at a lower fee. Interns have a Masters degree or certificate in the field of mental health and/or working on their hours for licensure or certification. These interns are personally selected by the Center because of their special qualities and talents. Each intern has unique experiences and capabilities which we feel enhance our ability to serve you and the community. All intern cases will receive supervision by a licensed psychotherapist.

### **GROUPS:**

There are several types of groups available to you. Please ask for more information if you are interested in participating in a group.

### **CONFIDENTIALITY:**

Our meetings will be held in confidence. No information will be revealed to anyone without your permission, with the exception of the supervision of interns. To insure adequate care, information may be disclosed in the course of the supervision of the interns. However, this information will go no further than the supervisor and the intern handling your case. This is still confidential information.

Although young adults under the age of 18 must have the permission of their parent and/or legal guardian to be in therapy, these sessions are confidential between the child and the therapist. However, if the parent/guardian is concerned about his/her child's progress, a session can be arranged with the child and his/her parent and/or guardian, if it is requested or needed.

Confidentiality is overridden only if your safety or that of another is in jeopardy. Confidentiality will be broken if there is suspicion of child abuse, elder abuse, homicidal and/or suicide ideations.

**ACKNOWLEDGMENT:**

I have read the above guidelines and agree with them as stated above.

I am aware that I have the right to refuse therapy at any time and may terminate the agreement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(If client is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

We regard our association as an important relationship and encourage you to discuss any problems or concerns in this relationship as they arise.

