



**Laura Depp, MFT**

Licensed Marriage & Family Therapist, MFC44902

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## OFFICE POLICIES & GENERAL INFORMATION

**CONFIDENTIALITY:** All information disclosed within sessions, including that of minors and dependent adults, is confidential and may not be revealed to anyone without written permission, except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

- When there is a reasonable suspicion of child or elder abuse or neglect
- When the therapist has a reasonable belief that the client may be a danger to themselves, others or property of others
- When the client communicates a serious threat of bodily injury to others
- When disclosure is otherwise required by law

**However, it is important to know that I have a “no secrets” policy when conducting family or marital/couples therapy.** Family members may be seen individually at times, but information shared in those sessions or in related settings (e.g. phone calls) is considered part of the overall family or couple therapy process and is not confidential from other participating family members or partners. I will use my clinical judgment when handling such information. Thus, if you desire to talk about matters that you do not want to be shared with your partner or family, you may want to consult another therapist for individual treatment. Please feel free to ask me about this “no secrets” policy and how it may apply to you.

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/EAP in order to process claims. Only the minimum necessary information will be communicated to the carrier.

**PAYMENT:** Unless otherwise agreed, clients are expected to pay the standard fee of \$130.00 per 50 minute session at the end of each session. Having the check made out before you come to therapy will insure that your therapy time is not taken up with check writing. Please make your checks payable to “Laura Depp”. Telephone conversations, visits outside the office setting, report writing, and reading, etc. will be charged at the same rate. Please notify me if any problem arises during the course of therapy regarding your ability to make payment at the time of service. There will be a \$30 fee for any returned checks. If your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to be paid. Once a year, in September, I will review the fees for services and reserve the right to increase them at that time.

**LITIGATION CHARGES:** If I am required to attend a deposition, hearing or other legal proceeding in the capacity of your current or past therapist, you will be billed at \$200 per hour for my time, including preparation, telephone time, travel time, and time spent at the legal proceeding.

**APPOINTMENTS AND CANCELLATIONS:** Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance. If an appointment is missed or cancelled with less than 24 hours notice, you will be billed your normal fee.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please leave a message on the voicemail (818) 397-0636. I am normally in the office Monday through Thursday and will return your call within 24-36 hours on those days. I am generally not available to return calls on Saturdays or Sundays. If an emergency situation arises and you need to talk to someone right away, since I may not be immediately available, you can call Las Encinas Hospital at (626) 795-9901, the suicide prevention hotline (877) 727-4747 (toll free), or the police (911). All of these resources are available 24 hours a day. I am an independent, solo practitioner and am not associated with the other therapists on these premises.

**THE PROCESS OF THERAPY:** Participating in therapy can result in a number of benefits to you, including improving interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will provide recommendations regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. At the end of the first or second meeting I will assess if I can be of benefit to you. I will not take clients who, in my opinion, I cannot help. In such a case, at the end of the first or second meeting, I will give you a number of referrals whom you can contact. In the course of therapy, I will periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Please print and sign below to confirm that you have read, understood, and agree to comply with the above office policies:

Client:

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please print full name)

SIGNATURE \_\_\_\_\_

Additional Client:

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please print full name)

SIGNATURE \_\_\_\_\_

If client is under 18:

PARENT/GUARDIAN NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please print full name)

SIGNATURE \_\_\_\_\_