

Karron Maidment, RN, LMFT
Licensed Marriage and Family Therapist

MFT# 41914
Telephone 310 285 2280

1923 1/2, Westwood Blvd.
Suite 2
Los Angeles, CA 90025

Treatment Agreement

WELCOME TO MY OFFICE: This document contains important information about the professional services and business practices of Karron Maidment Licensed Marriage and Family Therapist (MFC 41914). Please read it carefully. If you have questions we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PAYMENT AT THE TIME SERVICES ARE RENDERED: Each 50-minute session is \$200.00. Payment is required at the end of each session. I generally do not bill insurance companies. I will provide you with a receipt that can be submitted to your insurance company. Your insurance company may reimburse you depending on the benefits of your individual policy. I suggest that you contact your insurance company to determine what is covered. Please note that you are responsible for the entire payment regardless of the amount the insurance pays you.

REGARDING APPOINTMENTS: If you are unable to keep an appointment you have scheduled, I need 24 hours notice to allow another patient to use the time set-aside for your visit. Failure to inform me of your cancelation will result in a charge to you for the full amount of the session.

WHEN YOU CALL TO LEAVE A MESSAGE: You may call to leave a message on confidential voice mail pager by dialing 310 285 2280. However, I will attempt to keep phone contacts brief as important issues are better addressed within regularly scheduled sessions. I try to return calls between 8 a.m. and 7 pm Monday through Friday. If you leave a message on the weekend your call will be returned on Monday. If I am out of town or unavailable via pager for any reason, I will provide coverage by a colleague and an announcement of such coverage will be made on the outgoing message of my voicemail system. I agree to take all reasonable precautions to ensure that all voicemail messages are returned within 24 hours and that all emergency pages are returned as soon as possible. Please note, however, that no voicemail/pager system is 100% foolproof, and technical problems may occur. In the event an emergency page is not returned in a timely fashion, please call again. In the event that you are experiencing a clinical emergency and I have not responded, please call 911 for assistance.

You may also email me at Info@Help4YourOCD.com, but be aware that email is not as secure or private as voicemail. I suggest that you only send emails regarding non-urgent matters since several days may pass before the email is retrieved and since some emails are returned undeliverable. In addition, you should never send information via email that you would like to be kept confidential. As is true of any email, confidentiality can never be guaranteed. For all urgent or emergent matters and for any communication of confidential information, please use only telephone and voicemail.

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CLINICAL EMERGENCY If you are experiencing a clinical emergency you should call 911, or go to your nearest emergency room.

CONFIDENTIALITY: All information discussed in session including that of minors is confidential and may not be revealed to anyone without written permission except when disclosure is permitted or required by law. Disclosure may be required in the following circumstances, 1) When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult. 2) When a person communicates a threat of bodily injury to others. 3. When a person is suicidal. 4. When disclosure is required pursuant to legal proceedings.

I often consult with other professionals. In such cases neither your name nor any identifying information about you is revealed.

SPECIAL NEEDS: I do understand some people have special needs. It may be necessary to set up a payment plan for a person requiring extensive treatment. If this situation is necessary for you, please bring the matter up as soon as possible.

"By signing below, I acknowledge that I have read and understand the information presented in the 'Treatment Agreement' and that I give my consent for treatment. This consent shall remain in effect for the duration of my therapy or until I provide written revocation of my consent. I further acknowledge that I have received a copy of this letter for my own records."

Client name: _____ Date: _____

Signature of client/parent/guardian/conservator: _____

If signed by someone other than client indicate relationship: _____

Therapist name: Karron Maidment MFT Date: _____

Therapist Signature:



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Patient Bill of Rights

You have the right to:

*Request and receive information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.

*Verify licensure of the therapist with the Board of Behavioral Sciences and receive information about any license discipline. You can do this on the Board's website at www.bbs.ca.gov. Click on "License Verification."

*Have written information about fees, methods of payment, insurance reimbursement, number of sessions, length of sessions, professional assistance when your therapist is not available (in cases of vacation and emergencies), and cancellation policies before beginning therapy. This kind of information is referred to as informed consent.

*Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.

*Receive a verbal or written treatment plan. *Have a safe environment, free from sexual, physical or emotional abuse.

*Expect that your therapist should not involve you in any social or business relationship that conflicts with your therapy relationship.

*Ask questions about your therapy or psychological assessment.

*Refuse to answer any question or disclose any information you choose not to reveal.

*Request that the psychologist inform you of your progress.

*Know if there are supervisors, consultants, students, registered psychological assistants or others with whom your therapist will discuss your case.

*Refuse a particular type of treatment or end treatment at any time without obligation or harassment.

*Refuse or request electronic recording of your sessions.

*Request and (in most cases) receive a summary of your records, including the diagnosis, treatment plan, your progress, and type of treatment.

*Report unprofessional behavior by a therapist.

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*Receive a second opinion at any time about your therapy or about your therapist's methods.

*Receive referral names, addresses and telephone numbers in the event that your therapy needs to be transferred to someone else and to request that a copy or a summary of your records be sent to any therapist or agency you choose.