

Beth Leedham, Ph.D.
16055 Ventura Blvd. #1110
Encino, CA 91436
(818) 254-5554
lic. #PSY15656

OFFICE POLICIES AND GENERAL INFORMATION

The Ethics Code of the American Psychological Association requires that I make you aware of specific office policies and how these procedures may affect you.

Patient's Rights: Our relationship is strictly voluntary, and you may leave the psychotherapy relationship anytime you choose.

Confidentiality and Access to Privileged Information:

Therapy sessions between a psychologist and a client are strictly confidential, except under certain legally defined situations. Specific information obtained from your case record will not be released to any party without your specific written consent, except under the following conditions:

If I am under court order or subpoena compelling disclosure;
If I believe that disclosure is necessary to avoid a serious threat to your health or safety, or the health and safety of the public or another person;
If I have reason to believe that a child, dependent adult, or elder has been subject to abuse or neglect; or
As otherwise required by law.

If it is necessary at any point to collect past due unpaid fees, I reserve the right to employ a collection agency. In any case where a disclosure becomes necessary, I will attempt to discuss the matter with you in full beforehand.

Payment and Fees: We will agree on a session fee during our first meeting, and I ask that payment be made for each session at the time services are rendered. I will likely make a small increase in my session fee yearly, unless we make other arrangements. Upon request I will provide you with monthly statements which you can submit to your insurance company for reimbursement. Please note that not all issues which are the focus of psychotherapy are reimbursed by insurance companies. Should you have questions about your coverage, please contact your insurance provider directly.

Cancellation Policy: I request 24 hours' advance notice of cancellations (e.g., by Thursday 1 p.m. if your session is on Friday at 1 p.m., or by Friday at 1 p.m. if your session is on Monday at 1 p.m.). If you do not cancel at least 24 hours in advance, you are responsible for the missed session's full fee.

Telephone and Emergency Procedures: If you need to contact me between sessions, please leave a message on my voicemail at (818) 254-5554, and I will return your call as soon as possible. I check my messages frequently throughout the day, Monday through Friday, and I typically return calls within 2-3 business hours whenever possible. I check my voicemail for the last time at 7 p.m. Mondays through Thursdays, and at 6 p.m. on Fridays. If you are experiencing a life-threatening emergency, please leave me a message; then call the Suicide Prevention Hotline at (310) 391-1253, call 911 or the police, or go to the nearest hospital emergency room and ask to speak to the psychologist or psychiatrist on call.

My email address is bethleedham@hotmail.com. You may try to reach me there for scheduling or other minor issues, but please do not email me confidential material, as I cannot guarantee its privacy due to the nature of internet security.

What to Expect from Therapy/Evaluation: Psychotherapy can yield many benefits, including improved interpersonal relationships, better psychological and behavioral functioning, and resolution of troubling symptoms or problems that may have led you to seek therapy. Change is not guaranteed, however, and it requires your very active involvement and commitment to therapy. Change can sometimes be slow and frustrating, and it is important to know that in the course of successful therapy, strong negative feelings often arise. Additionally, therapy can sometimes lead to changes that you didn't originally expect. During the course of therapy, I may challenge your assumptions, perceptions, or behaviors in such a way as to cause you to feel upset, angry, depressed, challenged, or disappointed.

During the course of therapy I will draw on various psychological approaches, based on my assessment of what will best benefit you. My primary treatment modalities include cognitive-behavioral and family systems approaches. If you could benefit from any treatments that I do not provide, I will assist you in obtaining those treatments. Should I come to feel that I can not be of help to you in therapy, I will attempt to get you the help you need from a competent source. You have the right to terminate therapy at any time; if

you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

I have read this form and understand its contents. My concerns and questions have been answered. I agree to abide by these policies, and I consent to assessment/treatment.

Print Name: _____

Signature: _____

Date: _____