



Consent for Services

Provision of Services

I understand that therapy has both benefits and risks. Common risks may include experiencing uncomfortable feelings, such as anxiety or frustration. However, therapy has been shown to be helpful for many individuals in reaching their short- and long-term goals as well as improving overall quality of life. There are no guarantees about the results of therapy, but most find it to be beneficial.

Fees and Payment

I agree to _____ hours of concierge therapy per month, at the rate detailed below. I understand that services provided via phone or video conference will also count towards my package's monthly hours.

I understand that payment for services occurs at the last session of the month that is prior to the next month's services (e.g., at the last session of August, September payment is due). I will pay for services via cash or check.

Hours per Month	Rate Per Month	Discount
4	\$1,200	--
6	\$1,800	--
8	\$2,160	10%
10	\$2,700	10%
12	\$3,060	15%

*Package rates are based on sessions taking place on the Westside of Los Angeles.
Sessions taking place outside of the Westside are subject to additional fees.*

Appointments

If I cancel my appointment within the 24 hours prior to my appointment, that session time will count towards my package's monthly hours.

If I am 15 or more minutes late to a session and unreachable by phone, I understand that Dr. Lee will interpret this as a cancellation of the appointment; that session time will count towards my package's monthly hours. If I am late to a session, I understand that Dr. Lee will end the appointment at the pre-determined time.

Confidentiality

All information disclosed within sessions 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:

- If I present a serious danger to myself or another person
- If there is reasonable suspicion of abuse to a child, dependent, or elder adult
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure
- When disclosure is otherwise required by law (e.g., report of involvement in child pornography)

Contacting Dr. Lee

Dr. Lee is available via phone and email. She discourages communication about sensitive information via text or email for privacy reasons but understands that this form of communication may be more convenient. If I decide to communicate with Dr. Lee via text or email, I understand that my privacy may be compromised.

Dr. Lee is not available 24 hours a day or on an on-call basis. She is mindful of promptly returning calls and will always return calls within 24 business hours. When out of town or otherwise unavailable, Dr. Lee is able to have another qualified professional cover for her, if desired.

If I am unable to be safe, I understand that I should go to my local hospital emergency room and/or call 911.

Acknowledgement of Receipt of Privacy Practices

It is required by law that I read the Notice of Privacy Practices provided on Dr. Lee's website or the paper copy I've requested from Dr. Lee. When I print and sign my name below on the following page, I acknowledge that I received Dr. Lee's Notice of Privacy Practices.

Consent

I certify that I read, understand, and agree to abide by the information outlined above regarding concierge therapy services. I have had the opportunity to discuss any questions regarding the above information.

Client Printed Name

Client Signature

Date