

# Mark S. Miller, M.A., LMFT

Licensed Marriage and Family Therapist

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## **OFFICE POLICIES - INDIVIDUALS**

WELCOME! I look forward to working with you! Please read the following information carefully about my professional services and business policies. If you have any questions or concerns about my policies or about the treatment process, please ask me at your earliest convenience. Please note that when you sign this document, it represents an agreement between us.

### **THE TREATMENT PROCESS**

The treatment process is not easily described in a few words. Although individual and family therapy sessions have been shown to be helpful for many issues, there are no guarantees about treatment outcomes or what you will experience. Therapy requires effort on your part. You will need to work on things we talk about not just during our sessions but also at home and at work.

When exploring issues in the sessions, you may feel discomfort, anger, sadness, and anxiety, as well as joy and relief. Attempting to relieve issues between family members can also lead to discomfort and may result in changes that were not originally intended. We encourage you to discuss any uncomfortable thoughts and feelings with us as they arise in the course of treatment.

### **APPOINTMENTS AND FEES FOR MISSED SESSIONS**

While in treatment, your appointment time is reserved every week solely for you. Individual and family therapy is usually arranged one week in advance. Therapy works best if you attend regularly. If you cancel/reschedule, it is very difficult to reschedule your appointment. Therefore, you are expected to pay for the full session at your next appointment. Insurance does not reimburse any fees for late cancellations. Please make every attempt to be at your appointment in order to work on your issues. Some people schedule their appointment into

their phone to remind them that morning or the day before. Thank you for understanding that regular attendance is essential to our work. If you are absent, and give less than a full 24 hour's notice, you are required to pay for that missed session at the next meeting. Because this appointment time is held for you, you will be charged for the time even if you are absent. These policies are a necessary part of offering reasonable fees for professional services. Please initial here that you understand the attendance/rescheduling policy. \_\_\_\_\_

### **FEES AND PAYMENTS**

Your fee per session is \_\_\_\_\_. Please have your payment ready at the start of our meeting in order to save time for treatment. There is a fee of \$23 for payments which are returned by the bank.

### **TELEPHONE AND OTHER PROFESSIONAL CONSULTATIONS**

Telephone consultations are charged in quarter-hour segments (based on \$150 per hour), payable through the mail or at the next session. For professional consultations with people to whom you have asked or allowed us to speak (physicians, attorneys, school teachers, therapists, probation officers, etc.), we charge in quarter-hour segments. We also charge for time writing letters/reports about your case or reading reports. We will notify you about these charges before beginning these activities. Please make sure to request any reports one week before court, probation, DCFS meetings, as we are not in the office every day to obtain your records or write reports. No fee will apply if you request your report one week before your next session. A \$25 fee will apply if you call for a report after your normal group session or on the day of your group session. To avoid this extra charge, please be sure to request your report one week in advance.

**If you become involved in legal proceedings that require our participation, you agree to pay for our professional time even if we are called to testify by another party.**

### **CONFIDENTIALITY**

In general, all communication between therapist and client is confidential and protected by law and may not be revealed without your written permission. Confidentiality also protects children and adolescent clients. But there are a few exceptions in which we are legally and ethically obligated to break confidentiality. Please review these exceptions carefully and ask us any questions at your first session or as soon as they develop during treatment:

1. The client authorizes the release of information with a signature.
2. When the judge orders us to testify.
3. Disclosure is required when there is reasonable suspicion of child abuse/neglect or dependent adult/elder abuse.

4. If a client is a danger to him/herself or others. (We are ethically required to take protective measures, such as notifying a potential victim, contacting the police, or hospitalizing the client. If our client threatens to harm him/herself, we may seek hospitalization or contact family members or others who can provide protection.)

Should you bring any court actions involving your mental health, you will want to discuss this with us regarding the implications for confidentiality disclosure. In addition, some aspect of confidentiality may be abridged if payment is not made in a timely manner.

On occasion, it may be beneficial to your situation to consult other professionals about your case. During such a consultation, we make every effort to protect your identity. The consultant is also legally obligated to keep the information confidential.

#### **EMERGENCY COVERAGE**

Telephone voice mail is available at all times for routine messages. That number is (661) 255-6634 or (818)783-0781. In the event of a **TRUE EMERGENCY**, call 911 or go to the nearest emergency room for immediate assistance. Other helpful resources are: Suicide prevention hotline, (213) 381-5111; County of Los Angeles info referral line, 211; Alcoholics Anonymous, (818) 988-3001; and Al-Anon, (818) 760-7122. I am usually able to respond to phone calls between 9 am and 9 pm. My cell phone for after hours is: (818) 631-2617. If you need to reach me on the weekend, leave a message on the office voice mail and call me at my cell phone.

#### **ARBITRATION SERVICES**

If you are dissatisfied with my services, fees, or any other legal issues, I encourage you to discuss them with us. If my treatment is not helping your condition after a reasonable amount of time, it is my obligation to refer you to alternative treatment. If you want to appeal to an organization, you agree to refer the matter to an Impartial Professional Arbitration Service.

Your signature below indicates you have read and understand the information in this document and agree to abide by its terms during our professional relationship, and that you have received a copy of this information for your records.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_