

## **NEW CLIENT AGREEMENT**

### **FINANCIAL ARRANGEMENTS**

A fee of \$225 per session has been agreed upon by between (Client) \_\_\_\_\_ and **KEITH BRITANY, LMFT**. Payment is due and payable in full at the time of the session unless prior arrangements have been made or if this therapist has a preexisting agreement with your behavioral health care organization.

Separate charges will be made for excessive emails, written reports, court appearances or meetings attended on the client's behalf. Arrangements will be made with the client beforehand.

Recognizing that there may be times when you will need to speak with your therapist by telephone, the following fee schedule applies: extended phone conversations (in excess of 10 minutes) will be billed in 10-minute increments in proportion to the \$200.00 hourly rate.

If any party decides to, for whatever reason, subpoena records, require a deposition or instigates any other outside legal action, or upon instigating such an action, the party requesting such information is responsible for all administrative and professional costs to be reimbursed at a rate of \$500 per hour. In addition to the aforementioned costs, the same party will be responsible for all legal and attorney fees incurred by Keith Britany during that process.

#### **Fee Disputes:**

In the event that there is any disagreement between you and your therapist concerning legal fees or costs, you and your therapist agree to submit such dispute to neutral mediation under the Code of Civil Procedure of the State of California. The prevailing party shall be entitled to reasonable lawyer's fees incurred in enforcing any mediation award or engaging in any court proceeding.

### **CANCELLATIONS**

Twenty-four-hour notice is required for postponements and cancellations. The full fee will be charged for sessions canceled or postponed without a 24-hour notice

### **PROCEDURAL INFORMATION**

Sessions will begin at the start of the hour, unless other arrangements have been made. Individual sessions are 50 minutes in length. If you arrive late, the session will still end at the designated time. I ask that you do not use alcohol, drugs or other forms of non-prescribed medication that could influence your thinking for 24 hours prior to coming in for a session.

## **TERMINATING THERAPY**

When you feel you are ready to stop therapy, it is important for you to discuss this before actually terminating.

## **EMERGENCY PROCEDURES**

When an emergency arises, you may leave a message for me at (831) 566-3728 and I will call you back as soon as possible. If you feel that the situation is such that you cannot wait for me to reach you, please call 988 or 911.

## **NOTICE TO CLIENTS**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists , clinical social workers, or professional clinical counselors) . You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830 .

**Please speak with me any of the policies that make you uncomfortable or which you do not understand.**

**I have read and signed a copy of Keith Britany, MFT office policies and consent for treatment. I agree to all financial and administrative policies. I have been provided an opportunity to ask clarifying question and agree to treatment.**

**Responsible Party: Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Therapist** \_\_\_\_\_ **Date** \_\_\_\_\_

# KEITH BRITANY, LMFT

Phone: 831-566-3728

16463 Los Gatos Blvd.  
Los Gatos, CA 95032

1663 Dominican Way, Suite 110-B  
Santa Cruz, CA 95065

## CONFIDENTIALITY

Confidentiality is one of the cornerstones of psychotherapy. As a client in therapy, the basic rule is that everything you tell me is confidential and will not be repeated to any third party except at your specific request.

Be assured that I regard your right to confidentiality as crucial to successful therapy and while there are certain legal situations where I may be otherwise obligated, I will make every effort to safeguard your personal information.

If you are involved in litigation of any kind and inform the Court of your therapy with me, you may be waiving your right to keep your records confidential.

### EXCEPTIONS TO THE CONFIDENTIALITY RULE:

- ☐ Confidentiality may be waived if you agree and sign a Release of Information consent form with your therapist to discuss your case with another professional.
- ☐ If a document specifically provides that it is not confidential.
- ☐ If a court orders disclosure.
- ☐ If you indicate that there is a reason to believe that you are in danger of hurting yourself or another person.
- ☐ If there is "reasonable suspicion" that a child, elder adult (65 years and older) or dependent adult (18-64 who is disabled) is being abused, then confidentiality will be waived, and a Child/Adult Protective Services report will be made.
- ☐ Should there be a fee dispute or request for fees and costs during your process.
- ☐ Should any complaint against the Therapist, confidentiality is waived with respect to the information necessary to present or defend against such complaint.
- ☐ Confidentiality and communications: Keith Britany has advised me that cell phones, texting, email, Dropbox and other uses of the internet may not be secure and confidential; nevertheless, he is authorized to contact me and share information with me through these methods. All documents shared electronically will be password protected.

### I HAVE READ AND UNDERSTAND THE LIMITS OF CONFIDENTIALITY

Signature of client(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of client(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of client(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of therapist \_\_\_\_\_ Date: \_\_\_\_\_