

# Khaila Haddadin, LMFT

Licensed Marriage & Family Therapist

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## TREATMENT AGREEMENT

**FEES:** The fee per \_\_\_\_ minute session is \$\_\_\_\_\_ (except for the first session, which is \$\_\_\_\_\_). This is payable at the time of our session, unless I am billing your insurance, in which case you must pay your copayment and/or deductible at the session.

**CANCELLATION:** You may be charged \$\_\_\_\_\_ (not just a copayment) for missed sessions or for those cancelled without 24-hour notice, except in medical emergency. Insurance will not pay for missed sessions. If I forget a session, I owe you a free one.

**INSURANCE:** If I am a provider with your plan, I will submit claims for you, but at our session you must pay any portion not covered by your plan. If I am NOT a provider for your plan, you will pay me in full at the session, and I can give you an invoice so that you can seek reimbursement from your plan.

### **PLEASE SIGN THE FOLLOWING IF USING YOUR INSURANCE OR EMPLOYEE ASSISTANCE PROGRAM:**

*"I authorize the release of any information necessary (Including notes, treatment summaries and diagnosis) to process insurance or Employee Assistance claims, to determine medical necessity of treatment, or to request additional sessions."*

(Sign here) : **X** \_\_\_\_\_

(If applicable, second client sign here): \_\_\_\_\_

**"I authorize payment of benefits to Khaila Haddadin, LMFT (Sign here):** **X** \_\_\_\_\_

**CONFIDENTIALITY:** What you say in therapy, your records, and your attendance are all confidential. Exceptions include when your records are subpoenaed for legal reasons, when reporting is required or allowed by law (ex. suspected child abuse or neglect, extreme danger to self, suspected elder abuse, or danger to others), when you give written permission to release information, and other exceptions outlined in my *Notice of Privacy Practices*.

**IN AN EMERGENCY:** Leave a message on my voicemail, after you call 911.. You may always go to the emergency room

**ENDINGS:** You may end therapy at any time, and I can assist you with referrals. A final phone call or session is requested for closure. It is my ethical duty to provide therapy only when your issues are within the scope of my training, when I feel you are actively participating in treatment, and when I feel you are benefiting from the sessions.

**E-MAIL:** I prefer to use email if you are unable to reach me, to arrange or change appointments with at least several days notice. When cancelling a session, please leave BOTH voicemail and e-mail messages. Please do not email me information related to your therapy, as e-mail is not completely confidential, and I encourage more direct communication. Important issues should be saved for our sessions. Please also be aware that emails between us become part of your legal record.

**SOCIAL MEDIA:** I do not accept "friend requests" or contact requests from current or former clients on any social networking websites (Facebook, LinkedIn, etc) out of concern for your confidentiality and my privacy. It may also blur the boundaries of our therapy relationship. If you have questions about this, please bring them up when we meet.

**DISCLAIMER:** I am not responsible for the care received from professionals I refer you to. Agreements made between you and I do not involve other professionals in the office suite, who each operate independent solo practices, and are not part of a group.

**PRIVACY POLICY:** By signing below, you knowledge receipt of my *Notices of Privacy Practices*. My *Notice of Privacy Practices* provides information about how I may use and disclose your private health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change. If I change my Notice, I will give you a revised Notice. If you have left treatment, you may obtain the revised notice from me at the above address and phone number. If you have any questions about the Notice, or any of the above, please feel free to ask.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Printed Name Date

Signature, second client

Printed Name, second client

Date