

THE OFFICE OF ERIN MOKHTAR, LMFT

6700 FALLBROOK AVE SUITE 224 WEST HILLS 91307

(818) 912 3634

National Provider Identification 1215196126

SERVICE AGREEMENT FOR TREATMENT AND THERAPY (FAMILIES)

You can feel good about your decision to begin therapy. There are many potential benefits from making a commitment of your time, energy, and resources to this process; such as healing from traumas of the past, building your sense of worth and value, becoming more connected with your needs and feelings, learning to manage depression, anger, worry, and other painful feelings, and becoming more authentic in your relationships. Be aware that it does take time to develop trust, comfort level, and insight that makes therapy worthwhile.

1. You will benefit most from therapy if you are honest, do not hold back, and are willing to divulge your true thoughts and feelings, particularly about the therapy itself. My purpose is not to analyze you, judge your behaviors, or tell you what decisions you ought to make. My purpose is to partner with you in solving your current life problems.
2. It is important to keep in mind what you want to get out of therapy, and formulate goals together so that we will know what to focus on and when goals have been reached. Most therapy lasts for less than one year. We may have a shorter time together. We will attempt to build a support system together so that when you leave therapy, you will have other resources to draw from.
3. I will be available to you if you are having a difficult time during the week. **Telephone calls between office visits are welcome.** Please leave me a message and I will respond within 24 hours. I will try to keep these calls brief, due to my belief that important subjects are best treated within planned, regular sessions. However, if you cannot wait that long, please call the county Crisis line which is available 24 hours a day at:
Ventura County 800-843-7274 L.A. County 1-800-854-7771.
If the crisis is related to thoughts of suicide, please call 877-727-4747 for a safe place to talk about it.
4. If you are early in recovery, you may experience painful feelings, painful memories, or decide to change important relationships in your life. If feelings are very strong, you may be tempted to leave therapy prematurely, or to make a big change that you may later regret, such as getting married, getting divorced, or moving away. For this reason, it is important to take things slowly.
5. If you were to have doubts about being in therapy or your progress, please let me know so that we can discuss our perspectives and/or modify our course. This is a safe place to practice communicating and being authentic. Because endings are so important, when you decide to leave therapy it is recommended to return for a final session for closure.
6. Under the law, therapy is a professional relationship so personal interactions outside of therapy are generally not permitted.
7. A California Marriage and Family Therapist is required by law to keep your information confidential, unless someone is in danger of his/her life or there is a minor or senior who is being abused. If you are here as part of a family or couple session, please keep in mind that for therapy to work, it is generally best not to keep secrets from one another (although there are always exceptions). If I am told a secret by a family member during the course of therapy, I maintain the right of discretion as to whether to keep the secret or assist you in revealing it to other family members as part of therapy.

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- 8. Minors under the age of 18 have the legal right to confidentiality when in individual counseling. Nevertheless, parents and guardians who authorize the treatment of their child are typically involved in the treatment. Consequently in my exercise of professional judgment, I may discuss the progress of treatment of a minor patient with the parent or guardian. You are encouraged to ask more about this if you have any questions or concerns.
- 9. If you need to cancel a session, please cancel with at least 48 hours notice, leaving a voicemail message, text or email. Sessions that are not cancelled must still be paid for and insurance companies do not pay for missed sessions.
- 10. I request that you come to therapy sessions sober for at least 12 hours. If I suspect that you have been drinking or using drugs, even if I can't be sure, I will ask you to reschedule your session. I do this not to embarrass you, but to make sure that you are able to benefit from psychotherapy.
- 11. In cases of emergency, either medical or pertaining to the safety of yourself or others, please call 911. You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Youth Shelter: Los Angeles 323-957-7757

Ventura County 805-469-5882

Domestic Violence Help: Los Angeles 800-978-3600 Ventura County 805-656-1111

- 12. The fee for service is \$85 per individual or conjoint therapy session and \$25 per group therapy session. Sessions are approximately 50 minutes in length, although Initial Sessions will generally go for 65 minutes. Fees are payable at the time that services are rendered. If you wish to utilize health insurance to pay for services, I will bill the services electronically. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. **You are responsible for verifying and understanding the limits of your insurance coverage. Refunds will not be issued.** If for some reason you find that you are unable to continue paying for your therapy, you should inform me so that we can consider any alternatives.
- 13. We may need to communicate by phone, text message, mail, and/or e-mail. Please be sure to inform me if you don't want to be contacted at a particular time, place, or means and indicate it in this document here.

Your signature indicates that you have read this agreement carefully and understand its contents.

Parent Signature, Printed Name, and Date of Birth

Kid's Name

I acknowledge the Notice of Privacy Practices (HIPAA) was made available to me. _____ (Initial)

Date: ___/___/___

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Kid's Name: _____ Parent Phone # _____

Kid's Date of Birth _____ Age: _____ Kid's phone number _____

Address: _____ Zip _____

Parent Name: _____ Parent E-mail: _____

Other Parent (if not in Household) and Contact Info: _____

Emergency Contact:

Name and Phone: _____

Kid's Health Info:

Current Supplements, Medications, Dosages: _____

Medical/ Health Problems even if undiagnosed or untreated:

Previous therapist, psychiatrist: _____

Typical night's sleep: _____

Symptoms (Circle): Appetite Disturbance Low Self-Confidence Worries Moody/Sulks Defiant

Complains/Negative Fears of separation Isolates in room Depressed/ Sad Self-injury Spacey

Cries Fights with Siblings Behavior problems at school Misses a lot of school Physical Complaints

Judgment; Good or Immature Attention/Focus: Good On Task Easily Distractible Highly Distractible

Name and Ages of Everyone in the Household: _____

School Name and Grade: _____

Other People Child Spends Time with: _____

Religious Affiliation/ Participation: _____

Significant Events for Child (Family and School) with Approx Dates: _____

What do you most hope to gain from therapy?

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Insurance and Late Cancellation Policy

Therapy is voluntary; if you decide to cancel an appointment that is your prerogative. Appointments are best cancelled by text message. You should receive a response indicating the message was received.

There is a \$40 fee for missed sessions and appointments **that are not cancelled within 24 hours**. If the session can be made up in that week, the charge will not apply.

The rationale for this fee is not to punish, but to cover the expenses involved given the reduced fee that insurance companies contractually set; leaving no wiggle room to offset costs. I am not able to bill an insurance company for a missed session.

If, after the first session, it is discovered that the insurance company will deny the claim, this fee will also apply.

If you reach your out of pocket maximum, you will no longer pay a coinsurance/ co-pay. The insurance rate for mental health does not cover the expense of a billing department to contact your insurance at every visit, so it is important that the patient be mindful of when he/she meets the deductible. Refunds cannot be issued beyond 30 days after the fact. Any refund due will be less any outstanding late cancellation fees.

I understand that my credit card will be charged in the amount of \$40 for a missed session that is not cancelled or in the case of insurance denial of claims. I have a right to receive an invoice upon request.

Credit Card # _____

Expiration _____ CVV ____

Signature _____ Date: _____

ELIGIBILITY AND BENEFITS WORKSHEET

1. What company manages your medical benefit? _____ Patient ID _____

2. What company manages your MENTAL HEALTH benefit? *They could be different!* Please circle:

MHN
(Managed Health Network)

Optum
(United Behavioral Health)

Chipa
(College Health IPA)

Magellan

Value Options

Beacon
(Gold Coast; Ventura County Medi-Cal)

Anthem Blue Cross

Aetna

Other:

3. Patient ID for Mental Health _____ Group # _____

4. Phone number for Mental/ Behavioral Health _____

5. Do you have to meet your deductible before your co-pay benefit kicks in? Yes No Amount: _____

6. What is your copay? _____

7. What is the CLAIMS address for MENTAL HEALTH claims?

For EAP only: What company manages your EAP benefit? _____

What is their phone number? _____

What patient ID # should be used on the claim? _____

What is your authorization number? _____

How many sessions are authorized? _____

What is the expiration date on the authorization? _____

Where should claims be submitted? (Online Website, Fax Number, Mailing Address). Please write 2 options below:

