Dr. Suzanne Pelka, LMFT, Ph.D.

Counseling & Psychotherapy (MFC 48129) 11704 Wilshire Blvd., Suite 255, Los Angeles, CA 90025 (310) 601-6882

Welcome to my office. As a licensed Marriage and Family Therapist I am governed by various laws and regulations and by the code of ethics of my profession. The Ethics Code requires that I make you aware of specific office policies and how these procedures may affect you.

Patient Rights: Our relationship is strictly voluntary and you may leave the psychotherapy relationship any time you wish. Please keep in mind that ending relationships can be difficult and closure is very important when moving on. Given this, I request that you give at minimum two weeks notice so we can conclude with a healthy and positive note.

Limits of Confidentiality: Sessions between psychotherapist and patient are strictly confidential, except under certain legally defined situations involving threats of harm to self or others, and situations of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, I am required by law to notify the police and to inform any intended victim(s). In the case of harm to self, I am ethically bound to inform the nearest relative, significant other, or to otherwise enlist methods to prevent harm to self or suicide. In instances of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities.

Payment & Fees: It is customary to pay for sessions at the time of the session, unless otherwise arranged. Please have payment ready before the session begins. Payments must be in full. Fees are subject to increase.

Acceptable forms of payment are cash, check, Visa, Master Card, and Discover Card and American Express. Credit card charges will appear as "Psychotherapy Works, Inc." or some abbreviation thereof on your statement.

Insurance: I will be pleased to provide a monthly "superbill"/invoice/receipt for you to submit to your insurance provider. Please understand that your insurance is an arrangement made between your carrier and yourself with reimbursement coming to you whenever provided by your insurer. It is your responsibility to understand what your reimbursement may be for services rendered by an "out of network provider" such as myself.

Telephone Accessibility & Emergency Procedures: I will return calls during my scheduled business hours should you need to contact me between sessions. I can not guarantee an immediate return call, although every effort will be made to return calls within a reasonable amount of time. If you have a therapeutic emergency and I am out of town or unreachable for more than an hour, contact Marnie Breeker, MFT at (310) 415-9760. If it is a true, life threatening emergency, call 911 for help or go to your nearest emergency room. In the event of a phone call beyond 10 minutes, you will be charged for that session/portion thereof at your usual hourly fee.

Appointments & Cancellation Policy: Sessions are 50 minutes long. Occasionally you may have to miss an appointment. If you need to cancel or reschedule an appointment, please notify me as soon as u will

possible, at least 48 hours in advance, so that I might fill the hour. If there is 48 hour notice, you not be charged. This is necessary because a professional time commitment is set aside and held exclusively for you.	
I have read, understood, and agreed to the condi-	tions stated above:
Signature	Date