

Linda A. Fasan, LMFT
Licensed Marriage and Family Therapist
OR T1293, CA 39937
361 NE Franklin Ave Bldg. E Suite 8
818-231-7175

1. I am voluntarily giving consent for myself or my minor child to participate in counseling with Linda Fasan. I have been informed of the limits of confidentiality and realize that there are certain circumstances where the therapist must legally break this confidentiality (Suspected Elder Abuse, Suspected Child Abuse and Danger to Self or Others).

2. I agree to the following office practices:

-If you must cancel, please do so at least 24 hours in advance.

-Missed sessions will be charged 1st \$25, 2nd \$60, 3rd \$125.

-The agreed upon hourly rate is \$125 with each session lasting 50 minutes.

-If you are more than :20 late we will need to reschedule.

3. If you are having a life-threatening emergency please utilize 911 or call the free crisis hotline: 1-800-875-7364

Your signature below indicates that you have read, understood and agree to the above policies. I am looking forward to working with you.

Client

Date

Therapist

Date