

Mountain View Therapy

Jim Arjani, LMFT, Lic. #38139  
Laura Carty, LMFT, Lic. #109531  
Moitreyee Chowdhury, LMFT, Lic. #121934  
Ashley Moffett, LMFT, Lic. #46859  
Rosalie Smith, LMFT, Lic. #98142

## **INFORMATION ABOUT OUR PRACTICE**

The name of our practice is Mountain View Therapy, A Licensed Marriage and Family Therapy Corporation, doing business as Mountain View Therapy. Jim Arjani, Licensed Marriage and Family Therapist, License #38139, is the founder and operator of this practice. All the therapists working at our practice are Licensed Marriage and Family Therapists.

## **INITIAL EVALUATION**

During the initial evaluation, your therapist will be gathering information about personal and family history, current and past symptoms, determining your goals for therapy and making treatment plan recommendations. The initial evaluation may take two to three sessions. If after the initial evaluation, the therapist feels that he or she will not be able to help you, they will refer you to another therapist, community based organization or your insurance company.

## **CLIENT CONFIDENTIALITY**

The information discussed in therapy is confidential and cannot be disclosed to anyone. The exceptions to this rule are: (1) If there is evidence of child, elder or dependent adult abuse. (2) If the therapist learns that there exists a serious threat to the client's life or the life of another. (3) If you sign a release of information as part of your insurance form or you are referred by an EAP or managed care company that requests information. (4) If you sign a release of information for the therapist to share information with specific others. (5) If there is a court order for the therapist to appear or to produce records.

## **NO SECRETS POLICY**

If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment without written authorization to release such information. However, it's important you know that your therapist utilizes a "no secrets" policy when conducting family or couples therapy. This means that if you participate in family or couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family.

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### **CANCELLATION POLICY**

For therapy to be effective, it is important to attend your appointments as scheduled. If you are unable to keep an appointment, please notify me. If I do not receive 48 hours notice of your need to cancel an appointment, I will need to charge for the time reserved for you. If you are using insurance benefits to pay for therapy, your insurance company will not pay for missed sessions or for late cancellations. Therefore, you will be responsible for the full regular 55 minute session fee of \$160.00.

### **FEES**

The standard fee for each 55-minute session is \$160. Payment by cash, check, and major credit cards, including Visa and MasterCard, is due at the beginning of each session. Please make checks payable to "Mountain View Therapy". Phone time beyond 5 minutes and any other additional professional services I render at your request, will be charged at this standard fee of \$160, prorated according to the time spent. Examples of other professional services may include case management activities such as reading and writing reports, consulting with other professionals such as doctors, therapists, social workers, and school personnel, travel time to meetings, and preparation for and appearing in court. Fees will be reviewed annually.

### **INSURANCE**

Client is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payer. Client is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles. Typically, your insurance company will only cover psychotherapy services and not other professional services as referenced previously.

### **PROFESSIONAL CONSULTATION**

Professional consultation is an important component of a healthy psychotherapy practice. As such, therapists at Mountain View Therapy regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, therapists will not reveal any personally identifying information regarding client(s).

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### **DUAL RELATIONSHIPS**

In order to avoid dual relationships we try to avoid casual contact with clients and their family members outside of our sessions. If we happen to see each other in a public place we will not initiate contact with you to preserve confidentiality unless the client makes a gesture of recognition to us. Similarly, your therapist will not accept invitations or interact with clients on social media websites such as Facebook and LinkedIn. Your therapist will avoid hugs or any other intimate physical contact with clients to maintain a clear, ethical, and professional relationship.

### **GIFTS**

Due to the ethical standards of being a Licensed Marriage and Family Therapist, your therapist will not be able to accept any gifts from clients.

### **CLIENT LITIGATION**

Therapists at Mountain View Therapy will not voluntarily participate in any litigation, or custody dispute in which client and another individual, or entity, are parties. Should therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving client, client or client's guardian(s) if a minor, agrees to reimburse therapist for any time spent for preparation, travel, or other time therapist has made him/herself available for such an appearance at the therapist's standard fee of \$160 per hour.

### **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. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

### **NATURE OF THERAPY**

During the therapeutic process, some clients may feel worse before they feel better. This is generally a normal course of events. If your therapist feels you are not benefitting from treatment, it is ethical for him/her to refer you to another therapist.

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**EMERGENCY AVAILABILITY OF THERAPISTS**

While therapists do check their voice mail frequently, and will usually return calls within 24 hours, they are not able to provide 24- hour crisis service. In the event that a client feels unsafe or requires immediate psychiatric assistance, he or she should call 911 or the Suicide and Crisis Hotline at 1-855-278-4204, or go to the nearest emergency room.

**ENDING THERPAY**

If you are not making the progress you expected, or want to end therapy for any other reason, your therapist wants to know your thoughts and feelings during your next session. He or she will not be offended and try to address your concerns. It is our policy that we meet for at least one termination session as part of ending therapy. Having a final session before ending therapy allows for a summary of the treatment and can be a very valuable part of therapy for clients.

**TELEHEALTH**

We provide telehealth services for some clients if the therapist believes it is appropriate for a particular client. If you participate in telehealth sessions you are consenting to the use of telehealth as an acceptable way to deliver psychotherapy services. Potential risks and limitations of telehealth may include: technical failures, interruption by unauthorized users; unauthorized access to transmitted and/or stored confidential information; and decreased availability of the therapist in the event of a crisis.

I agree to the conditions outlined on pages 1-4 and acknowledge receipt of this contract.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date