Pamela H. Harmell, Ph.D.

2022
Legal and Ethical Considerations

1

1

Law and Ethics

A-2

- *CE – refresher of what you already know*
  - *Confidence builds competence and vice versa*
- *Competence – Learning new skills and current updates*
  - *Hopefully this workshop has both*
  - *My perspective…*
  - *The "law of no surprises"*
  - *Bibliography at end of each section*
  - *Slide numbers won't match yours*
  - *You have some slides I MAY not be discussing due to time constraints but I wanted you to have the information*

Dr. John Norcross
"Belief in what we are doing is primary element of successful treatment"

2

3

Four Regulatory Bodies

1. *Licensing Boards*
   - *Board of Psychology*
2. *Ethics Committees*
   - *APA, ACA, NASW, AAMFT*
3. *Civil Suits of Malpractice*
   - *Patient sues therapist*
4. *Criminal Allegations*
   - *AG takes action against licensee*

3

4

How Courts Make Law

TWO ELEMENTS OF LAW

STATUTE

Legislative Process
Codified Thereafter

CASE LAW

Higher Court's Ruling
Becomes Precedent

4

A-5

Ethics Codes

5

NAADAC: The Association for Addiction Professionals
NCC AP: The National Certification Commission for Addiction Professionals
CODE OF ETHICS: Approved 10.09.2016

www.naadac.org/code-of-ethics
Mechanism #2

- Principle IV: Working in A Culturally-Diverse World
- Principle V: Assessment, Evaluation and Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Publication and Communications

INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS	
i-1	NAADAC recognizes that its members, certified counselors, and other Service Providers live and work in many diverse communities. NAADAC has the responsibility to create a Code of Ethics that are relevant for ethical deliberation. The terms "Addiction Professionals" and "Providers" shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other Service Provider along the continuum of care from prevention through recovery. "Client" shall include and refer to individuals, couples, partners, families, or groups depending on the setting.
i-2	The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted Standard of Conduct for Addiction Professionals certified by the National Certification Commission. The Code of Ethics reflects the ideals of NAADAC and its members. When an ethics complaint is filed with NAADAC, it is evaluated by consulting the NAADAC Code of Ethics. The NAADAC Code of Ethics is designed as a statement of the values of the profession and as a guide for making clinical decisions. This Code is also utilized by state certification boards and educational institutions to evaluate the behavior of Addiction Professionals and to guide the certification process.
i-3	In addition to identifying specific ethical standards, NAADAC recommends consideration of the following when making ethical decisions: 1. Autonomy: To allow others the freedom to choose their own destiny 2. Obedience: The responsibility to observe and obey legal and ethical directives 3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical 4. Beneficence: To help others 5. Gratitude: To pass along the good that we receive to others 6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques 7. Justice: Fair and equal treatment, to treat others in a just manner 8. Stewardship: To use available resources in a judicious and conscientious manner, to give back 9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community 10. Fidelity: To be true to your word, keeping promises and commitments 11. Loyalty: The responsibility to not abandon those with whom you work 12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered 13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others 14. Self-improvement: To work on professional and personal growth to be the best you can be 15. Non-malfeasance: Do no harm to the interests of the client 16. Restitution: When necessary, make amends to those who have been harmed or injured 17. Self-interest: To protect yourself and your personal interests.

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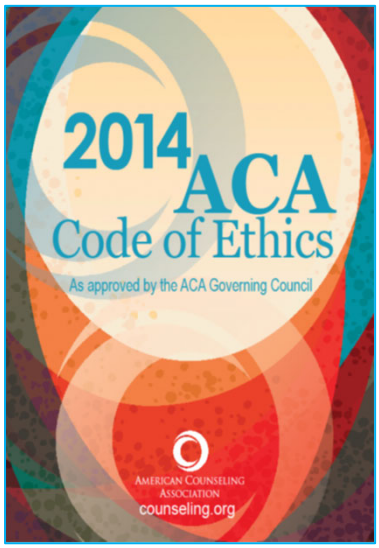
Ethics Codes ~ LPCCs
ACA.ORG



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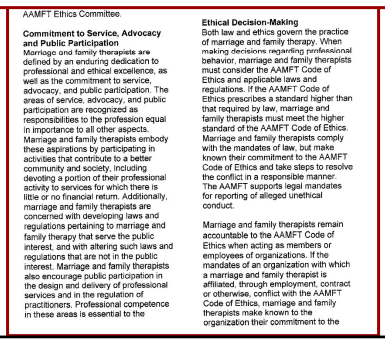
AAMFT of Ethics, 2015

Board Approved Revised Code of Ethics
Effective January 1, 2015

AAMFT

American Association of Marriage and Family Therapists



AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation
Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the

Ethical Decision-Making
Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the

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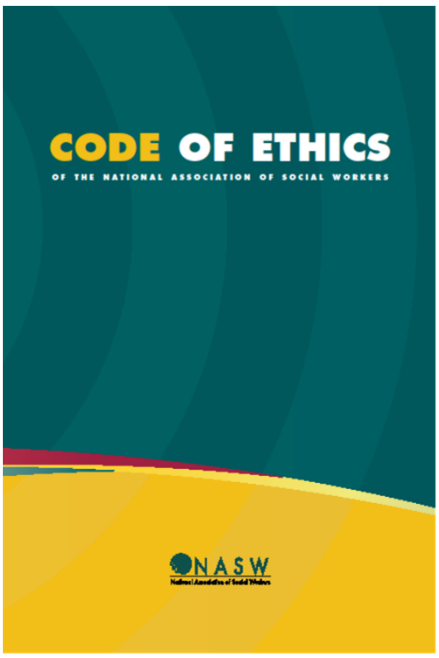
NASW
www.socialworkers.org
2018



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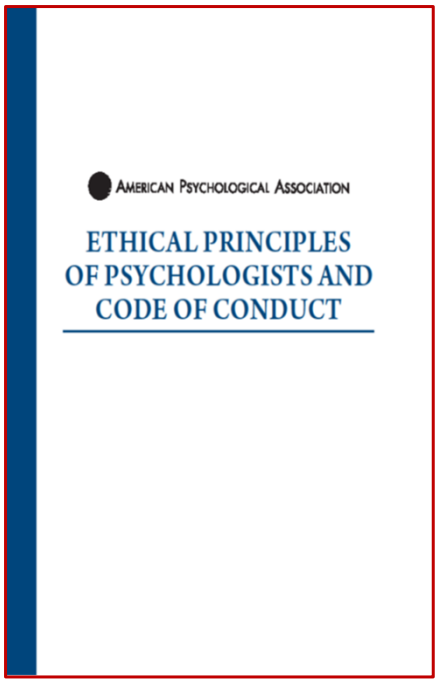
APA
www.apa.org
2017



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Update to APA Code of Ethics

The APA Ethics Code Task Force (ECTF) is engaged in the process of drafting a transformational new Ethics Code. That Code will retain those aspects of our Ethical Principles of Psychologists and Code of Conduct that serve the public and our discipline and profession well.

The goal is an Ethics Code that remains a leading practical resource regarding ethics for psychological science, education, and practice.

SEE https://www.apa.org/ethics/task-force

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Status of New APA Ethics Code

https://www.apa.org/ethics/task-force/updates-ethics-code-revisions.pdf

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Ethical Guidelines
National Latina/o (AKA Latinx)
Psychological Association
January 1 2018

Ethical Guidelines NLPA Adopted Jan 1st.pdf

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Ethical Standards of Association of Black Psychologists
https://www.abpsi.org/LCPP.html

PREAMBLE

*We hold to be true that persons certified in **African Centered/Black Psychology** are completely committed to no less than the absolute liberation of the Black mind shall be recognized as proficient or competent in African Centered/Black Psychology. We also hold to be true that the commitment process simultaneously recognizes:*

I. Responsibility
II. Restraint
III. Respect
IV. Reciprocity
V. Commitment
VI. Cooperativeness
VII. Courage
VIII. Accountability

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Definition of Civil Suit
http://www.abpla.org/

A-15

*"A **civil lawsuit** is the court-based process through which a person can hold another person liable for wrongdoing. If successful, the person is awarded compensation (money) for the harm caused."*

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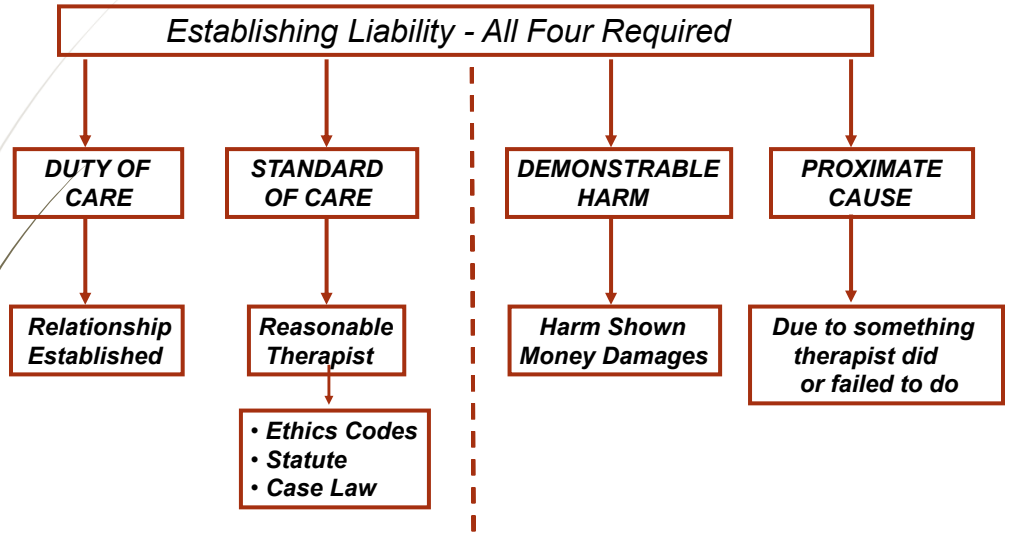
Requirements for Civil Suit of Malpractice

A-16



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Definition of Criminal Conduct
http://www.abpla.org/

A-17

*"**Criminal Conduct** is "a body of rules and statutes that defines conduct prohibited by the government because it threatens and harms public safety and welfare."*

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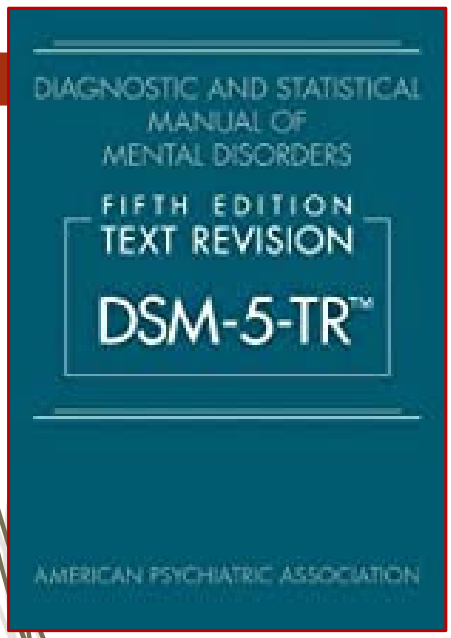

Updated 2022

Most common DX

Color of cover

Differential DX: duration and severity

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Risk Management Formula
Bennett, et al. 2006

Clinical Risk = (P x C x D) (interaction)
TF (modified by)

P = patient risk characteristics
C = context in which event took place
D = disciplinary consequences
TF = therapist factors (most important)

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Risk Management Formula
Bennett, et al. 2006

P = Patient Risk Characteristics (1)

- *Complex PTSD*
- *Dissociative identity disorders*
- *Reported recovered memories*
- *Involved in complex lawsuits*
- *Difficult custody battles*
- *Litigious personalities*
- *Focus on aggressive controversies*

Clinical Risk = (P x C x D)
TF

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Risk Management Formula
Bennett, et al. 2006

P = Patient Risk Characteristics (2)

- *Personality disorders*
- *Specific traits*
  - *Entitlement*
  - *Idealization and vilification of therapist and others*
  - *Pervasive inability to accept objective, constructive feedback*
  - *Eroticized transference*

$$\text{Clinical Risk} = \frac{P \times C \times D}{TF}$$

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A-22

Antisocial Personality Disorder
"The Dangerous Patient"

48 sec

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Risk Management Formula
Bennett, et al. 2006

C = Contextual Risk Factors

- *Total circumstances under which you are working with the patient*
  - *Setting*
  - *Type of service*
    - *Evaluation, assessment, court appearance*
    - *Custody evaluation, insanity defense*
    - *Prediction of violence*

$$\text{Clinical Risk} = \frac{(P \times C \times D)}{TF}$$

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Risk Management Formula
Bennett, et al. 2006

D = Disciplinary Consequences

- *Proactive – Help before the act*
  - *Professional consultation*
  - *Professional associations*
  - *Risk management consultation*
- *Reactive – After the fact*
  - *Civil or criminal allegation*
  - *Licensing board or ethics committee complaint*

$$\text{Clinical Risk} = \frac{(P \times C \times D)}{TF}$$

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Risk Management Formula
Bennett, et al. 2006

TF = Individual Therapist Factors (1)

- *Personal skill inventory*
  - *Knowledge base, experience, competencies, education*
- *Knowing one's limits*
  - *When to refer out*
  - *Consultation when necessary*

$$\text{Clinical Risk} = \frac{(P \times C \times D)}{TF}$$

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Risk Management Formula
Bennett, et al. 2006

TF = Individual Therapist Factors (2)

- *Self-knowledge and self care*
- *Time off*
- *Strong personal life counterbalances*
  - *Hobbies*
  - *Time away from office*
  - *Exercise*
  - *Friends and family*
  - *Community involvement*

$$\text{Clinical Risk} = \frac{(P \times C \times D)}{TF}$$

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Risk Management Formula
Bennett, et al. 2006
Practice Vignette

Clinical Risk = (P x C x D)
TF

TF = Therapist Factors

P = Patient risk characteristics
C = Context
D = Disciplinary consequences

An unmarried psychotherapist did an assessment for malingering on a young woman. He did not find that she was malingering, as she was not being deciptive or feigning an illness. A year later they ran into each other at the local coffee shop where they chatted for several minutes. When she invited him over to dinner that weekend, he said he would check his calendar and give her a call. Since he has not datetd for three months since his last relationship broke up, he was ready to get back into the dating world.

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Risk Management Formula
Bennett, et al. 2006
Practice Vignette

Clinical Risk = (P x C x D)
TF

TF = Therapist Factors

P = Patient risk characteristics
C = Context
D = Disciplinary consequences

P = Patient risk factors

This was only an assessment, not "therapy." Patient did not have any of the patient risk characteristics from previous slides Patient appeared to be mentally healthy

C = Contextual risk factors

Uncomplicated assessment, bills were paid promptly, non-litigious person. Therapist never suggested a post-termination relationship to patient

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Risk Management Formula
Bennett, et al. 2006
Practice Vignette

Clinical Risk = (P x C x D)
TF

P = Patient risk characteristics
C = Context
TF = Therapist Factors
D = Disciplinary consequences

D = Disciplinary consequences

Ethics codes suggest avoiding multiple relationships if they could be exploitative or cause harm, noting not all multiple relationships are uethical. However, codes prohibit a sexual relationship for at least two years after a normal termination with the burden placed upon the therapist to protect the former patient. Additionally, this encounter was only one year after the normal termination

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Risk Management Formula
Bennett, et al. 2006
Practice Vignette

Clinical Risk = (P x C x D)
TF

P = Patient risk characteristics
C = Context
TF = Therapist Factors
D = Disciplinary consequences

TF = Therapist factors

Therapist just went through a relationship break up which made him more vulnerable to "blind spots" and possible risks to potential legal or ethical conflicts

Outcome

Perhaps this is a small risk, but therapist factors make the action suspect due to former therapist's vulnerability. After the therapist sought consultation from his risk management carrier, he politely told former patient he had previous plans he could not change. Perhaps they will meet again after the two year requirement??

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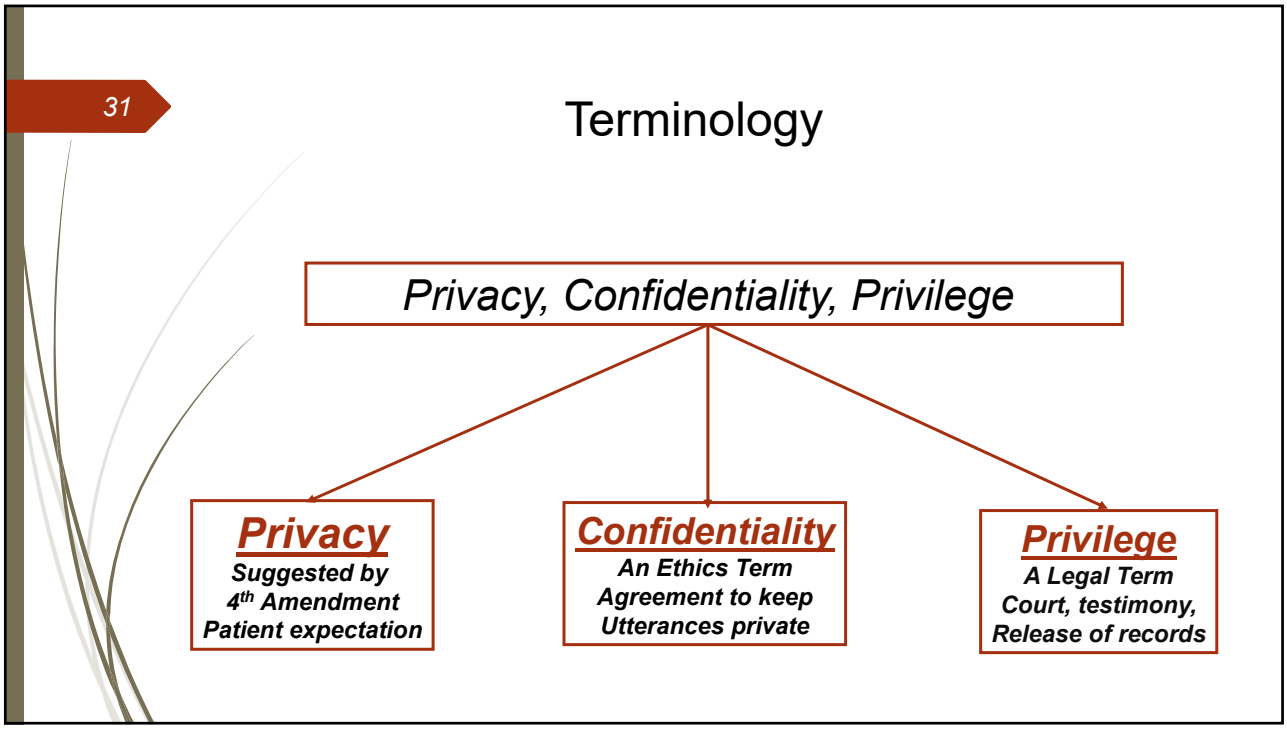
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Terminology
Privacy, Confidentiality, Privilege
Privacy
Suggested by
4th Amendment
Patient expectation
Confidentiality
An Ethics Term
Agreement to keep
Utterances private
Privilege
A Legal Term
Court, testimony,
Release of records

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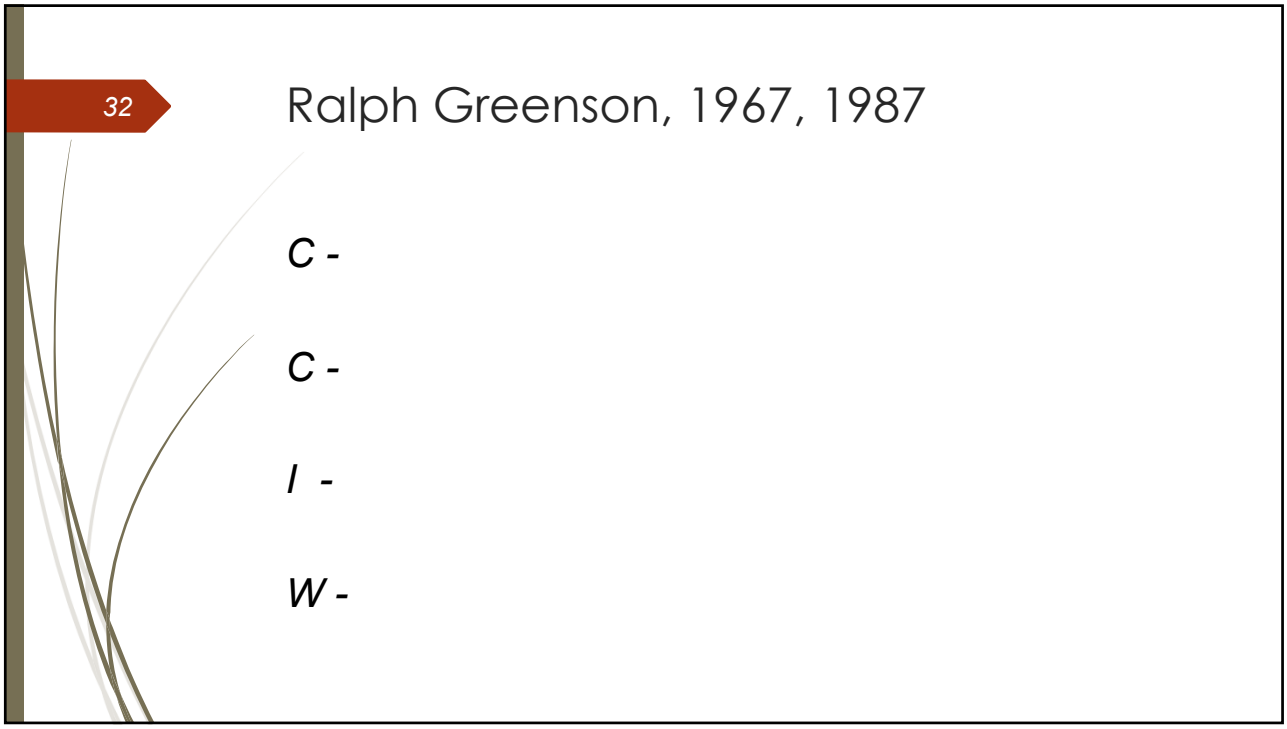
32
Ralph Greenson, 1967, 1987
C -
C -
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Definition of Standard of Care

- *The "reasonable therapist" doctrine*
- *A diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance. (New England Journal of Medicine, 2004)*
- *In legal terms, the level at which the average, prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances*

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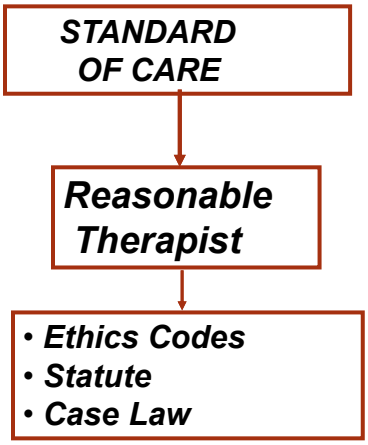
Standard of Care

The "reasonable therapist" doctrine



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Sum Up Question

Name the four mechanisms holding therapists accountable for their actions and behaviors?

ANSWER:

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Matching

1. *Civil*
2. *Criminal*
3. *Ethics*
4. *Standard of care*

a) *Reasonable therapist*
b) *Liability*
c) *Guilt*
d) *Practice guidelines*

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Matching

1. *Privacy*
2. *Privilege*
3. *Confidentiality*

a) *No illegal search and seizure*
b) *Legal term*
c) *Ethics term*

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Eight Steps for Effective and Ethical Intake
SEE FOLLOWING SLIDES

1. *Referral Source*
2. *Psychiatric History*
3. *Presenting Problem*
4. *Financial Situation*
5. *Theoretical Orientation*
6. *Level of Competence*
7. *Legal and Ethical Issues*
8. *Get Emergency Contact Information*

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Effective Intake for Ethical Issues

Referral Source

- *Current patient*
- *Former patient*
- *Friend or relative*
- *Appropriate source*
- *Yellow pages paper or online – WORST source*
  - *Couple story*

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Effective Intake for Ethical Issues

Psychiatric History

- *Recently out of hospital*
- *Meds*
- *Insurance – more later*
- *Support system*
- *Why not return to previous therapist?*
- *Woman with no resources story…*

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Effective Intake for Ethical Issues

Presenting Problem

- *Why now?*
- *Emergency or crisis*
- *Is your theoretical orientation appropriate*

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Effective Intake for Ethical Issues

Financial Situation

- *Who pays for treatment*
- *Reimbursement – to you or patient?*
- *Deductible*
- *Amount per session*
  - *Usual & customary*
- *Sessions per year*

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Effective Intake for Ethical Issues
https://accelerate.uofuhealth.utah.edu/explore/what-is-evidence-based-practice (2019)

Theoretical Orientation

- *Appropriate to the diagnosis given*
  - *Evidence based treatment*

Evidenced-based practice (EBP) is applying or translating research findings in our daily patient care practices and clinical decision-making. EBP also involves integrating the best available evidence with clinical knowledge and expertise, while considering patients' unique needs and personal preferences.

- *Appropriate to presenting problem*
- *"Tried and true"*

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Effective Intake for Ethical Issues

Level of Competence

- *Appropriate to the issues involved*
- *Or can you afford consultation?*
- *Should you refer?*

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Effective Intake for Ethical Issues

Consider all Legal or Ethical Issues

- *Multiple relationship possibilities*
- *Fee and insurance issues*
- *Counter-transference*
- *Competent to treat presenting issue*
- *Ability to afford consultation*

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Effective Intake for Ethical Issues

Get Emergency Contact Information

- *Crisis can present at any time*
  - *Prior to first session?*
  - *After first session?*
  - *Between sessions*
- *How to present self in contacts with patient*
- *How to present self in phone contacts*
  - *My story about suicidal patient just out of hospital*

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Crisis Intervention

Feinstein, 2021; Dass-Brailsford, 2007; Korchin, 1976

Goal of Crisis Intervention

- *To bring client back to PRE-MORBID state*
- *To restore individuals to pre-crisis functioning*

What is a crisis?

- *Confrontation with problems that cannot be solved*
- *Defense mechanisms fail simultaneously*

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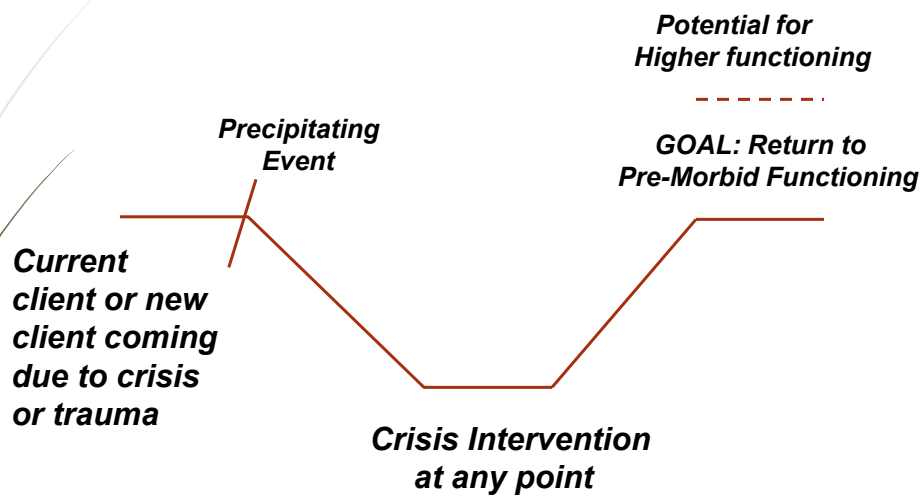
Simultaneous Loss of Coping Mechanisms
Potential to grow…



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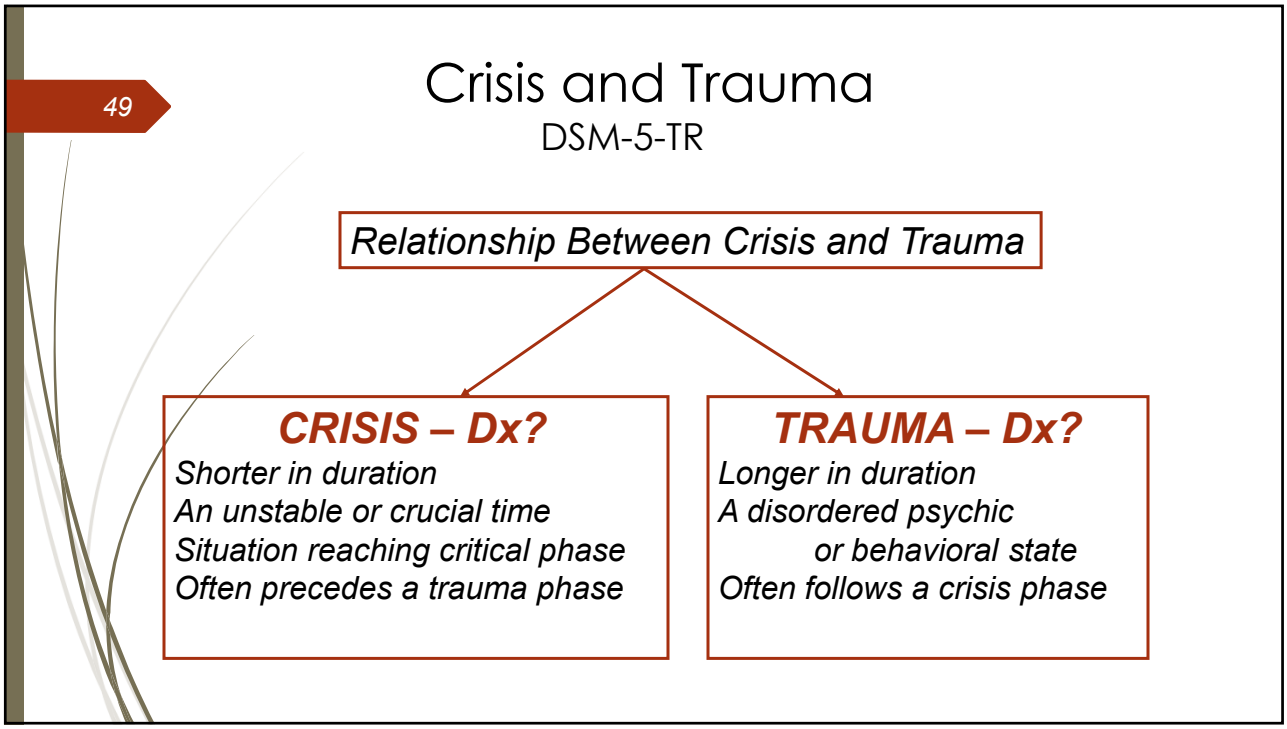
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Crisis and Trauma
DSM-5-TR
Relationship Between Crisis and Trauma
CRISIS – Dx?
Shorter in duration
An unstable or crucial time
Situation reaching critical phase
Often precedes a trauma phase
TRAUMA – Dx?
Longer in duration
A disordered psychic
or behavioral state
Often follows a crisis phase

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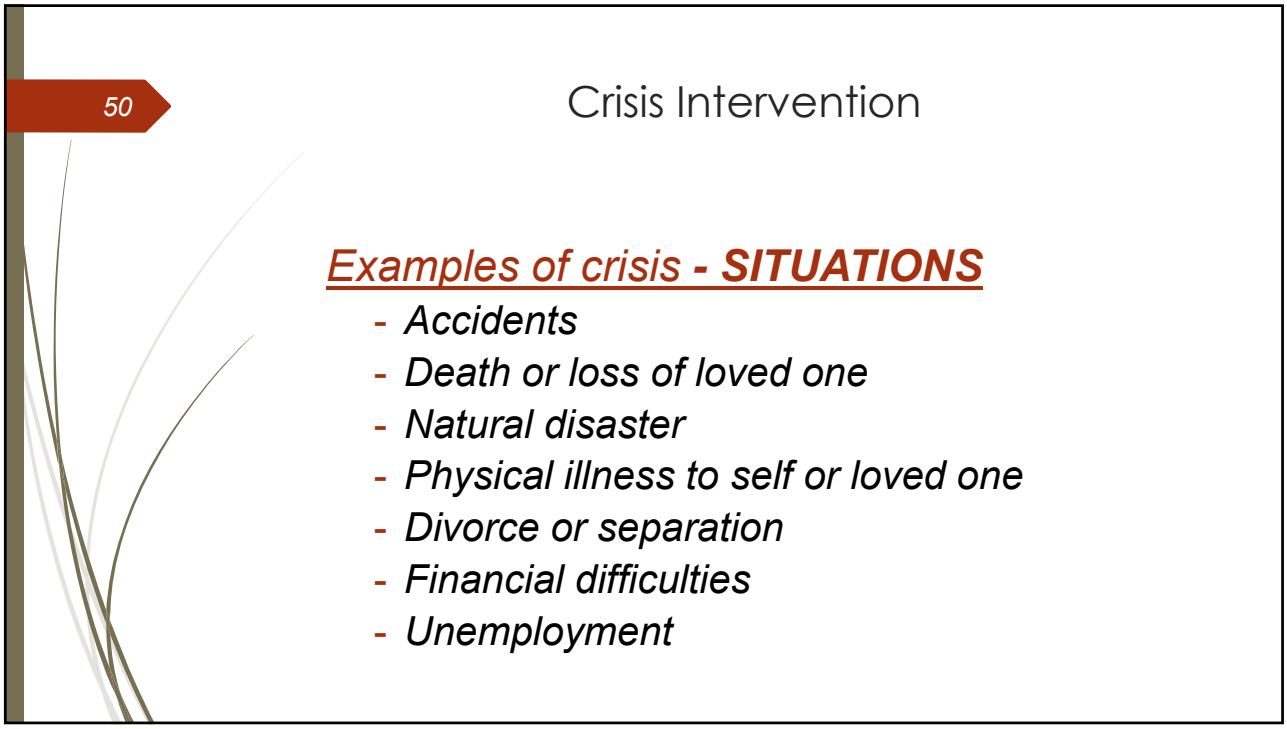
50
Crisis Intervention
Examples of crisis - SITUATIONS
- Accidents
- Death or loss of loved one
- Natural disaster
- Physical illness to self or loved one
- Divorce or separation
- Financial difficulties
- Unemployment

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Crisis Intervention

Examples of crisis - SYMPTOMS

- *Disorientation*
- *Fear and anxiety*
- *Confusion*
- *High level of arousal*
- *Disequalibrium*
- *Feeling threatened*

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Crisis Intervention Steps

Feinstein, 2021; Dass-Brailsford, 2007

Eight Crisis Intervention Steps – Following Slides

1. *Assess Treatability*
2. *Establish Rapport and Connection*
3. *Identify Precipitating Event*
4. *Determine Area of Impact*
5. *Formulate Crisis Package*
6. *Facilitate Ventilation*
7. *Evaluate Coping Mechanisms*
8. *Summarize and Anticipatory Planning* →

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

1. Assess Treatability

- *Outpatient*
- *Inpatient*
- *Assess for danger to self and others*
- *Assess for substance abuse*
- *Evaluate level of resilience*
- *Crisis intervention or routine therapy*
- *Is this a diagnosis that will respond to CI?*
  - *Psychosis needing inpatient is not*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

2. Establish Rapport and Connection

- *Convey respect*
- *Display acceptance and remain non-judgmental*
- *Maintain neutrality*
- *Requires therapist wide tolerance level*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

3. Identify Precipitating Event

- *Previous events*
- *Anniversary date*
- *My client with hysterical blindness*
- *Actual crisis event*
- *Death of loved one, financial issues, etc.*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

4. Determine Area of Impact

- *What are dimensions of problem*
  - *What areas of life are impacted*
  - *Self-esteem*
  - *Children – report child abuse?*
- *How functional is person now*
- *How incapacitated is person now*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

5. Formulate Crisis Package

- *Conjoint with family, friends, others?*
- *How often will you meet*
- *Finances*
- *Goals*
- *Treatment package*
- *Medication*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

6. Facilitate Ventilation

- *How to deal with events appropriately*
- *Let person display emotions*
- *Explore feelings*
- *Discover how person handles emotions*
- *Allow for cultural factors*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

7. Evaluation of Coping Mechanisms

- *How coped prior to event*
- *Why coping mechanisms failing now*
- *Discuss new coping methods*
- *Discuss positive and negative coping methods and styles*

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Crisis Intervention Steps
Feinstein, 2021; Dass-Brailsford, 2007

8. Summarize & Anticipatory Planning

- *Implement action plan*
- *Has person "sealed over"*
- *Is person out of danger now, out of crisis*
- *Summarize new ways of coping & adapting*
- *Discuss future follow up plan*
- *Potential future crisis intervention*
- *What client will do*

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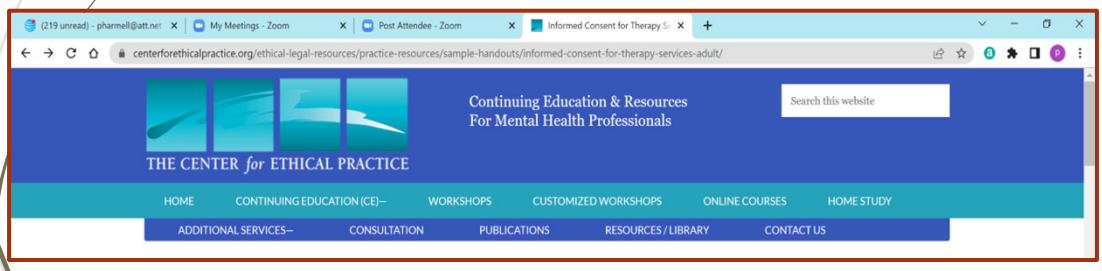
FOR DETAILS ABOUT INFORMED CONSENT SEE THIS WEBSITE
https://centerforethicalpractice.org/ethical-legal-resources/practice-resources/sample-handouts/informed-consent-for-therapy-services-adult/

Informed consent for minors and parents can be found here as well



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Informed Consent

Liability for Failure to Inform

Breach of Contract	*Negligence*
Inability to follow through on promises	***For not fully informing of office policies***
"You will feel better with two weeks in therapy with me"	***24 hour cancellation policy; emergency procedures; limits of confidentiality***

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Informed Consent
Tyron & Winograd, 2011

*"**Better Outcomes** can be expected when patient and therapist agree on therapeutic goals and the processes to achieve these goals." (p. 50)*

Informed consent empowers patients

- *To gain information*
- *To ask questions*
- *To assist in their own recovery*

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Informed Consent
Welfel, 2016

History of Informed Consent

- *Evolved from medical case law*
- *First case traced to England in 1767*
- *Before the twentieth century physicians had no duty to explain medical procedures*
- *No duty to obtain their express consent*

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Informed Consent
Welfel, 2016, p. 161

History of Informed Consent

- *Consumer rights was an unknown concept*
- *Citizens were poorly educated and ignorant about anatomy and physiology*
- *The judge in the Schloendorff v. Society of New York Hospital (1914) ruled that "every human being of adult years and sound mind has a right to determine what shall be done with his [or her] own body"*

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Informed Consent
Pomerantz, 2012

"Empowered Collaboration"

- *Collaboration of two fully engaged people*
- *Both committed to the process*
- *Shows respect for client as a person*
- *Conceptualizing client as a person, not a problem or a diagnosis*
- *Respect for autonomy and self-determination*

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Informed Consent

Four Requirements

- *Capacity*
- *Comprehension Of INFORMATION*
- *Voluntary*
- *Document*

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Informed Consent
Knapp & VandeCreek, 2006

Organic and Ongoing Collaboration

- *Therapy as a partnership*
- *Use of therapist's expertise to reach client's goals*
- *Process of shared decision making*
- *Provides self-determination for client*

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Informed Consent
Welfel, 2016

Misinterpretations… About Informed Consent:

- *Completed when client signs forms*
- *Restricted to limits of confidentiality only*
- *Serves only as "risk management" strategy*
  - *Self serving for the therapist*
- *Once discussed, no further discussion is necessary*

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Informed Consent

SAMPLE SAMPLE SAMPLE

WELCOME TO MY OFFICE: *As a licensed psychologist, 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. However, many of these policies will be unrelated to our work together.*

PATIENT'S RIGHTS: *Our relationship is strictly voluntary and you may leave the psychotherapy relationship anytime you wish.*

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Informed Consent

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SAMPLE SAMPLE SAMPLE

LIMITS OF CONFIDENTIALITY: *Sessions between a psychologist and patient are strictly confidential, except under certain legally defined situations involving threats of self-harm or harm to another, 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 self-harm, I am ethically bound to inform the nearest relative, significant other, or to otherwise enlist methods to prevent self-harm or suicide. In instances of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities. abuse, or dependent abuse, I must notify the proper authorities.*

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Informed Consent

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SAMPLE SAMPLE SAMPLE

PAYMENT AND FEES: *It is customary to pay for sessions at the time of the session or at the end of each month, unless otherwise arranged. Fees will be increased once yearly. Fee for court attendance or writing a psychological report is based upon the hourly session fee.*

INSURANCE: *I will be pleased to deal with your insurance company or to sign forms at your request. Please understand your insurance is an arrangement made between your carrier and yourself with reimbursement coming to your whenever provided by your insurer.*

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Informed Consent

SAMPLE SAMPLE SAMPLE

COUPLE THERAPY: *In couple work, the couple is the client; therefore the health of the relationship is the focus. Therefore, if either of the partners decides to share something of a person nature with me that is relevant to the couple work, I may ask for this information to be shared with the other partner.*

Telephone Accessibility and Emergency Procedures: *I check my messages frequently and will return calls as soon as possible should you need to speak to me between sessions. However, I cannot guarantee an immediate return call and technical difficulties are possible at any time. Efforts are made to return calls within four hours, however, if you have an immediate emergency, call 911 for help. In the event of a lengthy telephone session, you will be charged at the hourly session fee.*

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Informed Consent

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SAMPLE SAMPLE SAMPLE

APPOINTMENTS AND CANCELLATIONS: *If you need to cancel or reschedule an appointment, please notify me as soon as possible, at least 24 hours in advance, so that I might fill the hour with another appointment. If I receive 24 hour notice, you will not be charged. This policy is necessary because a professional time commitment is set aside and held exclusively for you. If you cannot guarantee a specific time, we can arrange different times based upon your schedule from week to week. You are welcome to use **TEXT** messaging to change appointments only. Please leave any important clinical information on my office voicemail (310)440-0338.*

DATE AND SIGN: *I have read, understood, and agreed to the conditions stated above.*

NOT ON FORM*: Read – Information; Understood – Capacity; Agreed- Voluntary*

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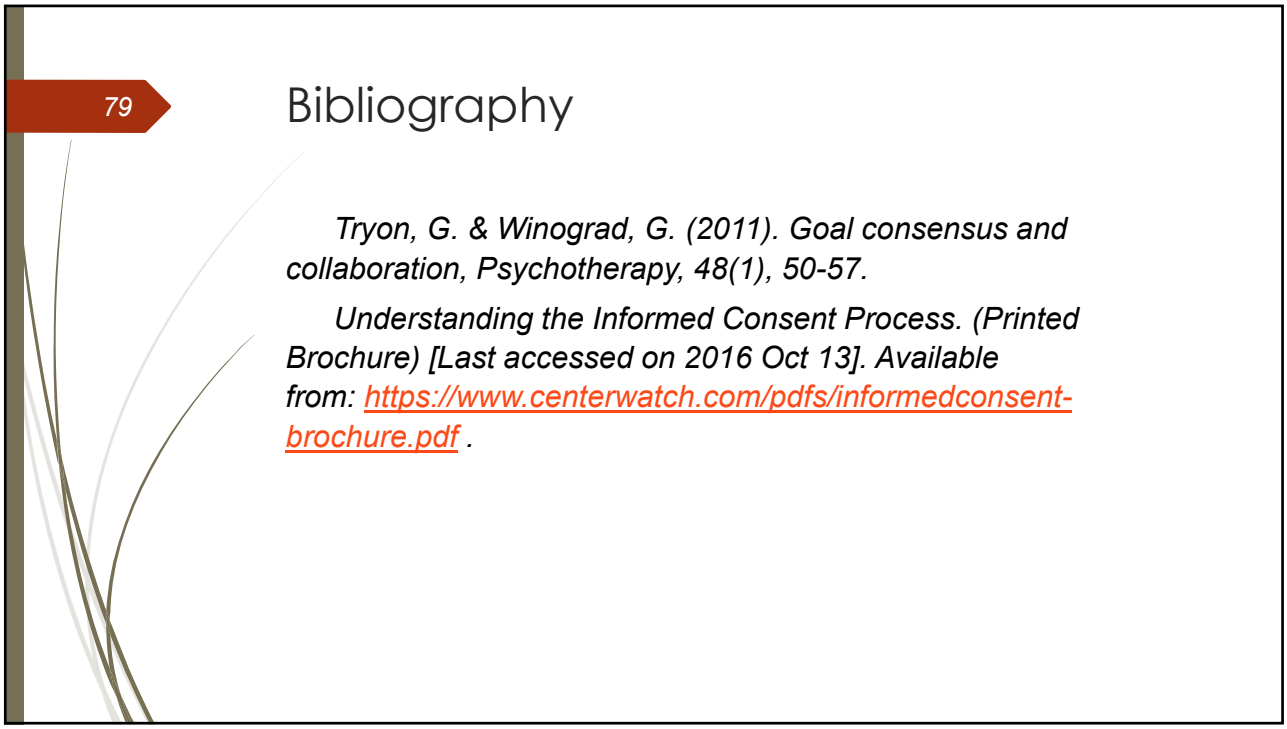
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