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THERAPEUTIC CONTRACT

Psychological Services:

Leslie Spero LCSW provides adolescent, college-age, adults, and individual and family therapy. Psychotherapy seeks to treat variety of emotional and interpersonal problems. Therapy can be a benefit to you and give you a better understanding of your personal goals and values, improve interpersonal relationships, reduce or eliminate certain psychological symptoms and to improve social, emotional, educational and occupational functioning. Unlike medical consultations, therapy proceeds by having all parties work actively to gain insight into and alter certain maladaptive emotional states and behaviors. The psychotherapeutic process varies depending on the personalities of the therapist and patient (s) and the particular problems brought forward. Psychotherapy calls for an active effort on your part. Psychotherapy can have benefits and risks. Since it typically involves discussing unpleasant aspect of your life, you may experience uncomfortable feelings like sadness, guilt, anger and frustration. On the other hand, actively participating in therapy has been shown to have significant benefits as well.

CLIENT'S RIGHTS:

You have the right to a confidential relationship with the therapist. Within certain legal limits, information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your permission.

1. You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content. **INITIAL**____
2. If you request, I can release any part, or all of your records on file to any person you specify. I will tell you when you make your request whether or not I believe releasing that information to a specific agency or person might be harmful to you. **INITIAL**____
3. Under certain legally defined situations, I have a legal obligation to reveal information you tell me during the course of therapy to another person or agency without your written consent. These legally define situations include:
 - A. Disclosing information regarding child abuse: physical, sexual, emotional or neglect of a minor. If there is a reasonable suspicion that he/she may be abuse. If there is a reasonable suspicion of abuse of a dependent adult or and elder adult in the following areas; physical abuse, abduction, financial abuse, isolation, mental suffering, and neglect. **INITIAL**____

- B. If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agency. **INITIAL**_____
 - C. If you are in therapy by order of the court, the results of the treatment ordered must be revealed to the court. **INITIAL**_____
 - D. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena. **INITIAL**_____
 - E. You have the right to ask questions about any of the procedures used in the course of your treatment. **INITIAL**_____
 - F. The therapist may be obligated to seek hospitalization or contact others who can help you if you become a danger to yourself, verbalize suicidal ideations, have a plan and a timeframe. **INITIAL**_____
4. You have the right to terminate therapy with the therapist at any time without any financial, legal or moral obligations other than those you have already incurred. I have the right to terminate therapy with you under the following conditions:
- A. When I determine that therapy is no longer beneficial to you.
 - B. When you refuse to cooperate with treatment.
 - C. When I believe that another professional will better serve you.
 - D. When you have not paid for the last two sessions, unless special arrangements Have been made with the therapist ahead of time.
 - E. When you have failed to show up for your last two-therapy session without a 24-hour notice. **INITIAL**_____
5. If you are a minor, please be aware that the law may provide your parents the right to examine your records. Your psychotherapist will typically either request that they relinquish access to your records, or will provide them only with general information about the treatment unless it is felt that there is a high risk that you will seriously harm yourself or someone else. **INITIAL**_____

PROFESSIONAL FEES:

The fee is \$150 for each completed fifty-minute session. I require a credit card on file. Each week copayment or cash payment will be charged to the credit card on file. I understand that I can leave therapy at any time and that I have no financial, legal or moral obligation to complete any maximum number of sessions. Please be aware that in order to schedule sessions in an effective matter, I require a 24-hour notice of cancellation otherwise there will be a \$100 missed session fee charged to your card on file. Insurance companies will not pay for a missed session. **INITIAL**_____

If you need a super bill one can be provided for you on a monthly bases which you can then submit to your insurance company. **INITIAL** _____

If I'm a provider under your insurance plan, your credit card on file will be charged after each session. **INITIAL** _____

BILLING AND PAYMENTS

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release is the client's name, nature of services provided, and the amount due. **INITIAL** _____

USE OF E-MAIL COMMUNICATION CONSENT:

I continue to try and improve methods of communication and convenience for my clients and use e-mail for all forms of communication, and any confidential information. It is important to note that this type of communication is not always secure. I cannot promise security and confidentiality when receiving or sending e-mails and will not be responsible if e-mails are incorrectly shared or if someone else gets a hold of them. All e-mails sent to me will become a part of your records.

INITIAL _____

SOCIAL MEDIA:

I don't use social media in my professional services, other than my website. Leslielcsw.com. Please do not attempt to contact me through social media. I reserve the right to terminate our professional relationship if that request is disregarded. **INITIAL** _____

CONTACT WITH FAMILY AND CLIENT BETWEEN SESSIONS:

If there is a need to contact you in-between sessions may I:

- _____ Contact you by home phone
- _____ Contact you by cell phone
- _____ Leave a message on your answering machine or cell phone
- _____ Leave a text on your cell phone
- _____ Email you. If yes provide me with your e-mail _____

ARBITRATION/MEDIATION AGREEMENT:

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the treating LCSW and client. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settle by binding arbitration in Los Angeles County, in accordance with the rules of the American Arbitration Association which are in effect at the time demand for arbitration is filed. The prevailing party in arbitration shall be entitled to recover a reasonable sum for attorney's fees, to be determined by the arbitrator. **INITIAL** _____

