



LORI KANSTEINER, LMFT, LAADC

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Office Policies and Fee Information for Services

Appointment and Fee: Therapy sessions for Individuals are usually 50 minutes in length. Longer sessions may be arranged with fee agreement by therapist and client. Length of therapy sessions and fees for couple, family, or group may vary, and will be agreed upon by therapist and participants.

Fees must be paid at each session unless prior arrangements have been made. An hourly rate is billed for each letter and report writing.

A 24-hour voicemail is available to facilitate your communication with our office. Schedule appointment times are reserved especially for you. We request at least a 48 hour notice for cancelled appointments, or a full fee will be charged.

Telephone consultations will incur charges in 15 minute increments after the first 15 minutes.

Child Care: There are no facilities for the supervision of children while you or your child is seeing their therapist. Please make arrangements for safe, reliable supervision of your children during counseling sessions.

Terminating Treatment: Termination from therapy is an important process which can be of benefit to clients and therapist. This is an important opportunity to reflect on progress, or lack of, and the process of where you are now and where you hope to be going. I encourage my clients to partake with me in this process of finding out what was helpful and what could have been more helpful. It is your right to terminate therapy at any time. However it is especially important for children to have an adequate time to say goodbye. I do request that you and your child come in to discuss leaving and any feelings that may be associated with the process.

If you choose to terminate, I will be glad to provide referrals to qualified professionals. As your therapist, I have the right and duty to terminate therapy under the following circumstances: when I assess that treatment is no longer helpful or beneficial to your child, if I determine that another professional would better serve your needs, if you have not paid for the last two sessions (unless a special arrangement has been made), or if you have failed to show up for your last two sessions without the required 24 hour notice of cancellation. In all cases I will be happy to provide you with resources and referrals as necessary.

Limits of Confidentiality: Contents of all therapy sessions, including that of minors, is considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Exceptions where disclosure is permitted or required by law in the following circumstances:

- **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In case in which the client discloses or implies a

plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

- **Abuse of Children and Vulnerable Adults**
If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social services and/ or legal authorities.
- **Prenatal exposure to Controlled Substances**
Mental Health care professional are required to report admitted parental exposure to controlled substances that are potentially harmful.
- **Minors/ Guardianship**
Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.
- **Insurance Providers (when applicable)**
Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/ times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.
- **When disclosure is required pursuant to a legal proceeding**
Court subpoena for mental health records requesting information regarding services to clients. Information that may be requested includes type of services, dates/ times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

During case conferences with other professionals, neither your name nor any identifying information about you is revealed.

Emergency Procedures: If you need to contact me between sessions, or an emergency arises please leave a message with my office voicemail (818) 852 - 7077, or my cell phone voicemail (310) 924 -5921 , and your call will be returned.

When I am out of town or otherwise unavailable, a qualified professional will cover for me by checking with the office phone service and accepting emergency calls.

I have Read and Understand these Office Polices

Signature of Parent, Guardian, or Adult Client

Date

Printed name of Parent, Guardian, or Adult Client

Signature of Parent, Guardian, or Adult Client

Date

Printed name of Parent, Guardian, or Adult Client