

Nonie Levi, Licensed Marriage & Family Therapist

This document contains important information about my professional services and policies. Please read the entire document carefully and ask any questions you have regarding its contents.

Information About Me

Prior to beginning treatment, I will discuss my professional background and provide you with information regarding my experience, education, special interests, and professional orientation.

I am a Licensed Marriage & Family Therapist Licensed # 34507

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. We are partners in the therapeutic process. As partners, we will work together to develop a plan for your treatment. Based on the information you provide to me and the specifics of your situation, I will offer feedback and recommendations regarding your treatment and progress.

Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. While I hope our work together will be effective, the amount and length of treatment varies from patient to patient. I am unable to predict how long you will be in therapy or guarantee a specific outcome or result of our work together.

Therapy sessions are approximately 60 minutes each. Typically, sessions are scheduled once a week to every other week depending on your concerns, problems, and issues. Consistent attendance contributes greatly to a successful outcome.

Fees and Insurance

My fee is 125.00 per hour

Fees are payable at the time of service unless other payment agreements have been made between us.

I take cash, check and Venmo. Please let me know ahead of time your preferred payment ahead of time so I can collect and /or provide the necessary information.

You are ultimately responsible for services received, even if you are relying on, or expecting, your insurance company or another third-party payor to cover the costs of treatment. I am not on an HMO provider. I am an out-of-network provider, and you can bill your insurance if you have a PPO and can see out-of-network providers. Please do your due diligence and ask your insurance provider what your deductible is and what is your co-pay is once your deductible has been met. Ask what your deductible and co-pay will be if you see an out-of-network provider to compare the two options.

You will be responsible to handle all contact, negotiations, and reimbursements with your insurance company. I will provide you with a superbill which you can submit to your insurance company for potential reimbursement.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur every week on the same day at the same time, if possible. I may suggest a different amount or frequency of therapy depending on the nature and severity of your concerns. Your consistent attendance can greatly contribute to a successful therapy outcome. To cancel or reschedule an appointment, please notify me at least 24 hours in advance of your appointment. If you do not provide me with 2 hour notice that you are ill and will not be coming to therapy, I will charge you your agreed upon fee for the miss or cancelled session.

Your Right to Confidentiality

As a psychotherapy client, you have a right to confidentiality with respect to information related to our work together, Accordingly, information shared between us will generally remain confidential.

Exceptions to Confidentiality

In certain, limited instances, the law requires me to disclose information pertaining to my work with you. For example, as a therapist, I am required to report suspected child, elder, and dependent adult abuse. Please note that the legal definition of “child abuse” generally includes instances of “sexting” in which

a person of any age captures, records, sends, receives, or possesses an image or video depicting a minor engaged in sexual or otherwise obscene conduct.

Similarly, in the event that I believe you present a serious and imminent danger to yourself, another person, or the public, I may be required to disclose information to emergency medical services, law enforcement, and/or another third party that can help to reduce or prevent the danger.

Confidentiality and Treatment of Minors

If a minor's parent(s) or guardians(s) give consent for me to treat the minor, I typically provide the parent(s) or guardian(s) with general updates about minor's treatment. These updates may include the minor's diagnosis, treatment plan, progress in therapy, session attendance, or similar information. However, I generally do not share specific details about minor's treatment or what the minor has shared with me during session unless: 1) the minor gives me permission to disclose such information and I believe the disclosure would be clinically appropriate; or 2) the minor is experiencing a crisis or other emergency circumstance that would authorize me to break confidentiality.

If the minor consents to their own treatment, the law generally prohibits me from communicating with their parent(s) or guardian(s) without written authorization from the minor unless the minor is experiencing a crisis or other emergency circumstance that would authorize me to break confidentiality.

Please feel free to reach me if you have questions about these policies or if you would like to discuss them further.

Confidentiality and Couples/Family Therapy

If you are participating in couples or family therapy, please be aware that, in most circumstances, the law prohibits me from disclosing confidential information and records regarding the unit of treatment's services unless all identified clients provide written authorization to release the information.

No secrets policy: I would also like for my couples and family therapy clients to be aware that I utilize a "no-secrets" policy. This means, when I determine it is clinically appropriate or necessary to do so, I will disclose information I obtain from one member of the couple, or participating member of family therapy unit,

(i.e. the “treatment unit”) with the other member(s) of the treatment unit. This policy also applies to information a member of the treatment unit shares with me outside of couples/family sessions (e.g., via email, text, etc.) and information I obtain during individual session(s) with a member of the treatment unit (should we agree to hold individual sessions in furtherance of your couples/treatment goals). I find that this policy facilitates effective communication with and between my couples and family therapy patients. It also helps me to avoid potential problems which may arise when a therapist is perceived to be “keeping secrets” from other members of the treatment unit.

My Communication with You

From time to time, I may need to communicate with you outside of our sessions together to discuss scheduling, payment, or other issues related to your treatment. To respect your privacy, it is important for me to understand your communication preferences. Please indicate your openness to receive communication from me via the following methods:

Your Communication with Me

My contact information

Outside of our sessions together, you may email, text or leave a voicemail.

Nonielevi@proton.me

858-382-7870

Please understand that I may be in session with other clients or addressing other matters when you attempt to reach me. If you send or leave a message, I will respond as soon as I am available, but please be aware that I may respond to your communication up to 48 hours after receiving your message.

Urgent/Emergency Communication

If you are ever experiencing a medical or psychiatric emergency or if you are facing an emergency involving a threat to your safety or the safety of someone else, please call 911 to request emergency assistance. In the event of a mental health crisis, you may also call 988 the Suicide & Crisis Lifeline.

San Diego Crisis phone number is (888) 724-7240.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on your clinical needs, the specifics of your treatment plan, and the progress you make towards achieving your treatment goals. While I hope you find our time together beneficial and meaningful, I cannot guarantee the specific outcome(s) or result(s) your treatment will yield.

You may discontinue therapy at any time. If one of us determines you are not benefiting from treatment, we can discuss treatment alternatives. These alternatives may include, among other possibilities, changes to your treatment plan, referrals to other therapists, and/or termination of treatment.

Questions About my Policies

Please let me know if you have any questions about my policies or if you would like to discuss them further.

Informed Consent

Your signature below indicates that you have read this agreement for services and disclosures carefully, understand its contents, and consent to receive treatment from me.

Name

Patient's name (If you are not the client)

Relationship to Client

Signature

Date

Name/signature of partner

Date

