

**Aaron Buckwalter M.A.**  
**Licensed Marriage and Family Therapist, MFC 43099**

143 N. Larchmont Blvd. Second Floor, Los Angeles, CA 90004

Welcome. I believe that people are full of possibility not pathology. Therapy is a collaborative effort. Through dialogue, we can open up new perspectives and possibilities, allowing us to create meaningful change in our lives. I invite you to evaluate the usefulness of our therapy conversations. Therapy should be useful in creating movement toward your ideas and vision for your life and relationships. If our conversations are not meeting your needs, I would be happy to give you referral.

**Appointments:** Appointments last 50 minutes. If you need to cancel an appointment, I need to be notified at least 24 hours in advance to prevent billing you for the session.

**Phone Calls:** Phone calls longer than five minutes will be eligible for a charge of \$50 per half hour.

**Payment for Service:** Clients are expected to pay for services at the time they are rendered.

**Insurance Reimbursement:** Clients who carry insurance must remember that professional services are rendered and charged to the client and not to the insurance company. Please check with your insurance company to determine your coverage for outpatient psychotherapy. I will give you a monthly bill upon request.

**Confidentiality:** In general, information disclosed within sessions is confidential and may not be revealed to anyone without your permission. The law provides for certain exceptional situations in which the therapist is required to disclose information: when there is reasonable suspicion of child abuse or elder or dependent adult abuse, or where the client presents danger of violence to an identifiable victim. The law also allows the therapist to break confidence when a client presents danger of violence to others or is likely to harm him or herself unless protective measures are taken. Disclosure may also be required in certain legal proceedings. Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, I, in the exercise of my professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

**In an Emergency:** If you have a life-threatening emergency, please dial 911.

**Minors:** In the event a minor (under age 18) is the client, parent's/guardian's signature is indication of permission to treat.

I have read, understand and consent to the above policies of Aaron Buckwalter's Therapy Practice.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Client/Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Client's name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ (Is it alright to contact you by mail? Please circle one - Yes/ No)

Home Phone (Is it alright to call you here? Please circle one - Yes/ No) \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Referral Source \_\_\_\_\_