# William Benson, MA, LMFT and The Canine Cure℠
## Psychotherapy Practice Information and Informed Therapy Consent

Thank you for choosing William Benson, LMFT and The Canine Cure as partners in your emotional health pursuits. The following information is provided as a reference to help clarify the rules and procedures of the practice and it's Employees. Should you have further questions, just ask! We will be happy to answer them.

This form indicates you are consenting to therapy. As Employees of The Canine Cure must abide by the California Board of Behavioral Science's legal and ethical practices. We are bound to keep the contents of your sessions confidential. Our aim is to provide you with a safe and comfortable environment so that we can explore, explain and help remedy your emotional concerns.

There are certain instances where we are legally required to part with this confidentiality in order to seek the further psychological assistance you may need. These instances include: Any serious plan to hurt yourself or another, abuse a child, a dependent adult or an elder or know of someone who is doing so. If you are a minor, your guardian(s) *may* have the right to know the content of our sessions: However, we will explain to them the psychological importance of allowing you your privacy.

Phone messages and call back requests are conducted solely via voice mail system at 310.849.9399. Please be assured that we will make every attempt to return your non-emergency messages ASAP and, in most cases, can contact you within the day of your call. Calls received during weekends will be returned the next business day**.**

During off-hours, you may contact the 24-hour crisis help-line at 877.727.4747 should you need to speak with someone. **All life and death emergencies should be managed by immediately contacting 911**.

The office is "out-of-network" with most insurance plans. **HMO insurance plans will not pay for our services.** Please check your PPO plan benefit, as out-of-network reimbursement amounts vary. If your insurer denies or otherwise does not pay a portion of the total session fee, the client becomes financially responsible for this payment. Using your insurance grants your insurer access to your treatment record. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and treatment summary.

**Cancellation of sessions must be made with 24 hours notice or you will be responsible for full payment of the session** – NO EXCEPTIONS. Please note that we cannot bill insurance companies for the cost of a late cancellation or a no-show appointment (It's the law): You will be held financially responsible for the full fee for a missed session without proper notice.

Appointments are scheduled Monday through Saturday. We will make every effort to accommodate your scheduling needs. Sessions are 45 minutes in length. Please be mindful of these time constraints by prioritizing the discussion of important session material accordingly. There may be times when the session before yours is running over-time due to an emergency. Please remember that your consideration and patience is appreciated and feel confident that you will be given the same respect when you are the one needing an extra few minutes. Please ask for any clarifications or other questions that you might have at this time.

I have read and understand the contents above. I agree to the stated limits of confidentiality and comprehend their meanings and ramifications.

_____ _____

Client Date

William Benson, MA, LMFT
License # MFC 37686

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Emergency Contact: Phone