



Foojan Zeine, Psy.D., LMFT
Individual & Couples Psychotherapy

Client Name _____ Birthday ___ / ___ / ___

Address _____

Phone: Home _____ Cell _____

Email _____

Emergency Contact Name _____ Tel _____

Online Therapy: It is my goal and expectation that you will benefit from online therapy as all or part of your psychotherapy, but there is no guarantee. Therapy is conducted using cell phone for audio and **Doxy.me**, or other secure mediums for video. Email and text will only be used for questions and answers and scheduling purposes. Online based services as care may not be appropriate for your need. If we assess that online therapy is not sufficient enough or appropriate for your needs and face to face is more appropriate, I will offer an appointment in one of my offices or provide referrals.

Audio and Video Recording of the sessions are not permitted

Confidentiality: All information shared during the course of therapy is confidential, except:

- 1- Report of child, elder, and dependent adult abuse
- 2- Threats of harm to self or others
- 3- Legal subpoena only if issued by a judge directly requiring waiver of the privilege of confidentiality
- 4- Collection of fees.

Appointments and Charges for Services: Sessions are 50 minutes, at the scheduled time. Payment will be made via **Square.com** prior to appointment. An invoice will be sent to you from Square which allows easy payment. **Rescheduling or cancelations must be done 24 hours in advance** via email (foojanzeine@gmail.com) or text (818-648-2140). This policy is strongly enforced and you will be charged for sessions that are not attended without the 24 hrs. prior notice.

Refund Policy for Packaged Sessions: If you choose not to continue for the full term of the package, you may write an email requesting a refund only for the sessions that are not used. Please note that the rate of the sessions utilized will be charged as a full price of each session (ie. \$150 per session). The credit card fee will also be deducted. The remainder of the received fee will be reimbursed by check to the address written above. The discounted rate only applies to the fully utilized package.

818-648-2140
www.FOOJAN.COM
foojanzeine@gmail.com



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Limitations: It is important to realize that online therapy is intended to provide quality information, practical answers to psychological issues, and online therapy for present problems. This service is not intended to provide psychotherapy for people in crisis as this particular venue is not entirely suited for such purposes. This service will only serve the residents of the state of California, USA.

You should seek traditional mental health treatment rather than internet therapy if:

1. You are having thoughts of harming yourself (e.g. suicidal thoughts). Please call **911** or **1-800-SUICIDE**, which is the National Suicide Hotline.
2. You are having violent thoughts toward harming someone else or psychotic symptoms. Please call **911**.
3. If you have serious substance abuse dependence.
4. If you are a minor (under 18 years old).

Procedures should we encounter technical difficulties or disruptions in service:

It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Should a disruption occur at a time of crisis, the patient agrees to immediately call me on my cell 818-648-2140.

By signing this form:

1. I agree that I reside in the state of California
2. I am aware that a "HIPPA Notice of Privacy" is available for me to read on <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>
3. I agree to participate in online psychotherapy.
4. I have read, understood and comply with the agreed upon policies.
5. I understand that I am fully responsible for the payment of my treatment. The fee agreed upon by Dr. Foojan Zeine and I is due before our session paid via Square.
6. I agree to the 24hr. cancelation and rescheduling policy.
7. I agree to have a termination session before completing our work together.

Thank you for reading this carefully. If there are questions about these policies, please voice them at the beginning of your session. Our therapeutic relationship supports the changes you want to make in your life.

I have read and understood and agree with all policies. I agree I am fully responsible for the payment of my treatment. I agree Dr. Foojan Zeine will communicate with me via phone calls, texts, email or mail.

Client Signature

Date

818-648-2140
www.FOOJAN.COM
foojanzeine@gmail.com