

Estee Diamond, MS, LMFT  
17337 Ventura Boulevard, Suite 327  
Encino, California 91316  
818-380-1521

### **Welcome**

I would like to take this opportunity to acquaint you with information relevant to your treatment, confidentiality and office policies. I will be happy to answer any questions that arise.

### **Getting started**

In the first session we will get acquainted, I will be gathering information and reviewing paperwork. I often take notes during the first few sessions. I invite you to bring past assessments or reports related to issues you are seeking treatment for. I will invite you to discuss reasons for coming and current situation. You will be asked questions about the history of your family as well as your own history. We will make a treatment plan focusing on your behavioral health needs within the first several sessions. The frequency of your sessions will be based on assessed needs.

### **Treatment process**

We will work together to identify treatment goals and options. The length of time in treatment will vary according to your individual or family needs. I invite you to talk as openly as possible about the problems you are experiencing so that I can better assist you.

### **Aims and goals**

The major goal is to help you and your family achieve the highest level of wellness and emotional health possible. This is accomplished by:

- Increasing personal awareness
- Increasing personal responsibility and acceptance to make changes necessary to attain your goals
- Promoting wholeness through psychological and spiritual healing and growth

### **Your clinician**

I have been a Licensed Marriage & Family Therapist for almost twenty years, prior to this I was an addiction counselor treating individuals and families impacted by addiction. The population that I work with range from infants to older adults, treating life challenges, depression, anxiety, relationship issues, parenting concerns, addiction issues, developmental challenges, and trauma. I have certification and advanced training in developmental psychology, couples treatment, trauma treatment through attachment focused EMDR, Post Induction Therapy, and Trauma Resiliency Model.

### **Clinician responsibilities**

I am responsible for providing you with quality, professional service. This includes treating you with respect, maintaining your confidentiality (see below), and informing you about your condition/diagnosis and treatment options. Information about treatment options will include potential benefits and risks associated with those options. In order to meet these responsibilities, I may consult with other clinicians without disclosing your identity for input. I regularly participate in several peer consultation groups related various aspects of my work on an ongoing basis.

### **Confidentiality**

I take seriously the responsibility to hold in confidence what you discuss with me. Written permission is required to release any information to another agency or to receive any information from another agency. The only exceptions to this policy occur when I have concerns about possible elder or child abuse/neglect or when I believe there is a serious threat of self-harm or harm to others. Clinicians are required by law to notify appropriate persons/agencies under these circumstances.

Please initial here: \_\_\_\_\_

**Privacy for children in treatment**

The counseling services provided by this office are considered treatment, not evaluative. Evaluations requested by parents will be referred to trained evaluators, of which I am not. Parents choosing to enlist their child in treatment with Estee Diamond, MS, LMFT agree to respect the privacy of their child's therapy by not involving their records in court proceedings or other conflicts between parents.

Please initial here: \_\_\_\_\_

**Patient responsibilities**

Office hours are Tuesday through Thursday 9:00AM -8:00PM and Saturday from 8:00 AM-3:00PM. It is important that you are on time for your appointments and that you call with at least 24 hours notice when you are unable to keep a scheduled appointment. if an appointment is canceled with less than 24 hours notice or missed all together, you will be charged for that appointment. I am less flexible with appointments missed without a call. Insurance companies do not reimburse for missed appointments.

**After hours**

In crisis situations you may contact me at 818-380-1521 and leave a message; I will return your call within 24 hours. If your situation requires immediate attention, dial 911 or go to the nearest emergency room for assessment. If you are under the care of other healthcare providers please contact them as well. I am available to speak over the telephone. Telephone conversations that exceed 10 minutes are billed at the pro-rated session rate.

**Fee policy**

The cost of treatment is \$450.00 / 90 minute session and \$225.00 / 45 minute session. Fees are payable at the time services are provided unless an alternative plan has been pre-arranged. To cover accounting costs, a service fee of \$25.00 will be charged for any check returned by the bank for any reason. As a courtesy, I will submit your insurance claims on your behalf. Your benefits, costs and co-payments as they pertain to your treatment will be discussed with you. Please keep me informed of any changes with your insurance or coverage. If there are any problems with meeting your financial obligations, please speak with me.

**Paperwork**

There are times when you may need paperwork completed by me. There is a fee for filling out forms and reports. The fees vary according to the document(s) needed. Paperwork and forms can take up to two weeks to be completed once received. Please notify me as early as possible.

**Positive outcomes are important to me**

At any time, please feel free to raise any issues you may have. You have the right to refuse to participate in treatment. If you are dissatisfied with this office, I hope that you will speak directly to me about your concerns. While you have the right to file a complaint with your insurance company or with the state board, if you are dissatisfied with this office, I hope that you will first speak directly to me about your concerns so we can work them through together.

Patient Signature\_\_\_\_\_ Date\_\_\_\_\_

Patient Signature\_\_\_\_\_ Date\_\_\_\_\_