Sudi Khosropur, M.A., AMFT
Associate Marriage and Family Therapist
BBS Registration #: 130170

Address:
3808 Riverside Drive, Suite 400
Burbank, CA 91505
323-270-7834
suditherapy@gmail.com

Confidentiality & Informed Consent

Nature of Services

I understand that I am consulting Sudi Khosropur, AMFT, for psychological services. I understand that psychotherapy is intended to reduce or eliminate psychological symptoms, improve academic/workplace, and social/relational functioning. Psychotherapy often leads to substantial improvement but the process itself may be uncomfortable at times (i.e. experiencing of painful feelings such as anger, sadness, and anxiety; or making decisions to change relationships or situations.) I am aware of the potential risks to myself and consent to treatment.

Fees

My standard fees are:

$ 150 per 50 minute Individual or Couples Therapy session
$ 50 per 90 minute Group Therapy session, payable in full at the beginning of each month.

Fees are payable at the start of each session and are periodically re-evaluated and changed. I accept Zelle or PayPal payments, sent to my supervisor at chrisanncampbell@gmail.com. Venmo payments can be made to chrisanncampbell, and in-person checks written to Christine Campbell. I am not on an insurance panel, however I can provide you with a Superbill at the end of each month, and you can then submit that to your insurance carrier for reimbursement. A $25 service fee is added for all returned checks.

Good Faith Notice

You have the right to receive a "Good Faith Estimate" explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled once a week at the same time and day, if possible. I may suggest more than one session a week, depending on the nature and severity of your concerns. Your consistent attendance greatly impacts the progress you make.

If you are running late, please call my cellphone to let me know. I'll wait and hold the time slot for you but will still end at the regular time. If you need to cancel or reschedule a session, I ask that you call my cellphone, text, or email me 24 hours ahead of time. Otherwise, you will be billed for the full session.

Emergencies: During Office Hours

My office hours are: **Monday – Saturday, 10 am – 7 pm**

If you are having an emergency, call me on my cellphone at 323-270-7834. If I am unable to answer the phone, leave me a message. I check my messages during business hours and will make every attempt to return your call that same day.

Please note that cellphone calls, texts, and emails are not confidential mediums of communication. So be careful of what you say via unencrypted digital means. If you communicate confidential or private information via cellphone, texts, or emails, I will assume that you have made an informed decision.

Emergencies: After Office Hours

You may call me after-hours on my cellphone and leave a message. But I can't guarantee that I'll be able to call you back. If you are in crisis and can't reach me right away, I strongly suggest that you call one of these hotlines:

Suicide Hotline: 1-800-622-4235
24 Hour Crisis Team: 1-800-622-4235
Youth Shelter:

- Los Angeles Youth Network: 323-467-8466
- My Friend's Place: 323-908-0011

Domestic Violence Help:

San Fernando Valley

- Haven Hills: 818-887-6589
- Strength United: 818-886-0453 or 661-253-0258

Hollywood

- Strength United: 818-886-0453 or 661-253-0258
- Center for the Pacific Asian Family: 800-339-3940
- Peace Over Violence: 310-281-2822
- Sojourn: 310-264-6644

E. Los Angeles

- East L.A. Women's Center: 800-585-6231
- Peace Over Violence: 213-626-3393

You can also contact your medical group, primary care physician or visit the emergency department of your local hospital and they will help direct you to an appropriate crisis center. In a life-threatening emergency, please call 911.

Confidentiality

With very few exceptions, all information discussed during your therapy session and all documentation (written or in any other medium) is kept private and confidential, unless you provide me written permission to release information about your treatment. If you participate in Couples Therapy and ask to see me individually at one point, know that I have a "no secrets" policy and will encourage you to share whatever information with your partner that you shared with me, if it affects him/her/them in any way. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions. If you are in Group Therapy and have a concurrent individual session, that session will be kept confidential.

Confidentiality for Minors and Parents/Guardians

- If you are a minor and are able to see me *without* your parents'/guardian's authorization, I will not divulge any information to your parents/guardian.

- However, if you are a minor and your parents provided authorization for your treatment, I may discuss your overall progress with them and any information necessary for purposes of payment. But I *will not* disclose any details you have shared with me. Details of your sessions is kept strictly between us.

Exceptions to Confidentiality are:

- If I determine that you present a danger of physical violence to another person or their property. In this case, I am mandated by the state to alert the police as well as the person in question.
- If I determine that you are in serious danger of harming yourself. This does not include suicidal thoughts but clear, imminent suicidal intent.

- If there is evidence of child, dependent adult or elder abuse. That includes a child who witnesses domestic violence in the household.
- If you enter your emotional status as an issue in any legal proceeding (i.e. disability claims, divorce proceedings, a child custody evaluation), you will be waiving your right to the confidentiality of this work. This may result in a judge ordering me to provide the court with a copy of your records.

Outside Contact

If we run into each other in public, I will not acknowledge you unless you acknowledge me first. Even then, I will not divulge the nature of our relationship unless you do so first. I respect your need for privacy and will take all my cues from you.

Substance Use

Please refrain from using alcohol or any mind/mood-altering drugs prior to your sessions. Our work together will focus on learning how to enjoy reality as it is, without the use of any substances. If you have an eating disorder, try to refrain from binging before sessions as well.

Ending Therapy

Your participation in therapy is voluntary and you have the right to end therapy whenever you want and for whatever reason. However, when you do, I encourage you to discuss with me the reasons for your decision over two sessions. This will allow us time to review what we've achieved and offer feedback to each other as well.

Likewise, I reserve the right to end our therapy work together and provide you with some appropriate referrals, for reasons including, but not limited to: failure to participate in therapy, conflicts of interest, two missed payments, or my belief that I may not be the best person for your needs.

Your signature indicates that you have read this agreement for services carefully and understand its contents:

Name of Patient

_____ Date _____

Signature of Patient

_____ Date _____

Name of Parent/Guardian

_____ Date _____

Signature of Parent/Guardian

_____ Date _____

Sudi Khosropur, AMFT

_____ Date _____

Supervisor: Christine Campbell, LMFT
(License #: 46166)