

Cori A. Newlander, M.A., MFT

3231 Ocean Park Boulevard, Suite 218, Santa Monica, CA 90405

(310) 466-1192

License MFT41609

### CLIENT INFORMATION

As a **Marriage and Family Therapist**, I am governed by State laws and regulations and by the code of ethics of my profession. It is important for you, the client, to be aware of standard procedures of psychotherapy that may affect you.

**Limits of Confidentiality:** All therapy sessions between a Psychotherapist and patients are confidential, except under certain legally defined situations:

- a) If you share something with me that leads me to believe that you are at risk of harming yourself/committing suicide, I am legally permitted to break your confidentiality to ensure your safety.
- b) If you share something with me that leads me to believe that a child, elder or dependent adult is being abused, I am required by law to report the abuse to the proper authorities.
- c) If you share something with me that leads me to believe that you will harm another person, I am required by law to contact both the police and the intended victim.

**Appointments:** Therapy sessions are 50 minutes in length. If it is necessary to cancel or reschedule an existing weekly appointment, please notify me **48 hours** in advance of your appointment time, otherwise you will be charged for the missed session.

**Payment and Fees:** Payment is due at the beginning of each session. Let me know if you need a receipt and I can provide monthly or quarterly receipts upon request. If you have out-of-network insurance coverage, you will need to work directly with your insurance company to collect reimbursement.

Please make checks payable to Cori Newlander.

I have read and understood the information above, and I agree to enter therapy with Cori Newlander under these conditions.

Client Name	Client Signature	Date
Parent/Guardian Name (If client is under 18)	Parent/Guardian Signature	Date
Cori Newlander, M.A. MFT41609		Date

**Cori A. Newlander, M.A., MFT**

3231 Ocean Park Boulevard, Suite 218, Santa Monica, CA 90405

(310) 466-1192

License: MFT41609

### **GOOD FAITH ESTIMATE**

Services Requested: Psychotherapy

As of January 1, 2022, it is mandatory that all healthcare facilities, including Psychotherapists, provide existing and potential patients with something called a “Good Faith Estimate.” You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know in advance how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided.

Your total cost of services will depend upon your individual circumstances and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

For the calendar year of 2022, the fee for a 50-minute psychotherapy visit (in person or via telehealth) is not to exceed \$250.00. Many clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs and preferences. Based on a fee not to exceed \$250 per visit, the following are expected charges of psychotherapy services: Based upon a fee not to exceed \$250 per visit, attending one psychotherapy visit per week, your estimated charge would not exceed \$1,000 for four visits provided over the course of one month; \$2,000 for eight visits over two months; or \$3,000 for 12 visits over three months.

If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment. You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

I agree to this Good Faith Estimate:

Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Signature:

\_\_\_\_\_