

**JAELLINE JAFFE, Ph.D.**  
4910 Van Nuys Blvd., Suite 111, Sherman Oaks, CA 91403  
(818) 971-7175

## AGREEMENTS FOR COUNSELING / PSYCHOTHERAPY / COACHING

### APPOINTMENTS

1. **Time:** Following our initial consultation, we will set an agreed upon time for your appointments that will be reserved exclusively for you on a regular basis, unless other arrangements are made. If you feel you need additional sessions beyond your regular appointment, please ask. I will make every effort to schedule extra time for you.
2. **Cancellations:** If you cannot keep a scheduled appointment, please provide at least 24-hour notification at 818-971-7175 or by email to drj@drjjaffe.com.  **CANCELLATIONS WITH LESS THAN 24-HOUR NOTICE OR "NO-SHOWS" MAY BE CHARGED THE FULL FEE.** Insurance companies will not cover missed appointments; you are responsible for full payment.
3. **Session Length:** Unless otherwise arranged, individual counseling sessions are 50 minutes long; couple or family sessions are at least 75-90 minutes long (couple session length will be discussed at first session). Longer sessions are charged for the additional time, pro rata. Your session will begin and end on time. If I am late in starting, you will still receive your full time allotment. Please **BRING UP IMPORTANT ISSUES EARLY IN THE HOUR**, rather than waiting until the last minutes of your session.

### TELEPHONE CONTACT

1. **Messages:** Occasionally, you may need to communicate with me between sessions. If I am not immediately available, please leave a message on my voicemail pager 818.971.7175. *Please do not go into extensive details and be sure to include times/phone numbers where you can be reached.* I will return your call as soon as I can. *I am not available as a 24-hour crisis line. If you cannot reach me, and if your safety is involved, please call 911.*
2. **Fees:** There is, of course, no fee for brief phone conversations; however, if extensive consultation is needed and we are unable to schedule a face-to face appointment (for example, in an emergency), you will be charged in 10 minute segments at an individual counseling fee.

### FEES *(subject to annual revision)*

1. Fee Schedule *(payable at each session, unless otherwise arranged):*

Individual Counseling/Psychotherapy/Coaching/Consulting	50 min.	\$175.00
Extended Session Individual/Couple/Family Therapy	90 min.	315.00
Phone or Other Professional Consultation	per 10 min.	35.00

2. **For clients within the State of California,** I am aware that Dr. Jaelline Jaffe is licensed to practice psychotherapy as a Marriage and Family Therapist. I understand that Dr. Jaffe does not directly take insurance but provides a "superbill" if clients wish to submit to their insurance company for possible reimbursement for an "out of network" PPO service provider.

3. **For clients outside the State of California,** I understand that Dr. Jaffe provides coaching and consulting services that are not eligible for insurance reimbursement.
4. **For services provided online,** I agree to consult with Dr. Jaffe either on Zoom, VSee.com, or other HIPAA-compliant platform. I agree that online services are paid in advance by credit card or PayPal.
5. Cash, check (in person), VISA, MC Discover, and debit cards accepted. Unless arranged otherwise, payment in full is due **at the beginning** of each session. A \$25.00 service charge is assessed for returned checks. Credit card statement will show payment to **Therapy Partner**.

PLEASE INITIAL BOXES TO INDICATE YOU HAVE READ THOSE ITEMS IN PARTICULAR

## LEGAL/ETHICAL GUIDELINES

- Confidentiality:** Both the fact and content of our sessions is confidential and will not be released to a third party without written consent from you, except where required or permitted by law.  
**Exceptions to confidentiality (by law) include:** the exchange of information necessary for  
 insurance billing; certain court matters; potential danger to self or others; and suspected child, elder, or dependent-adult abuse.  
**Couples:** *Confidentiality in couple counseling is held by the unit, not by either individual:* if a legal situation occurs in the future, no records or information will be released to either party without  
 written consent of the other party.  
**Adolescents:** In order to encourage open sharing of concerns, confidential discussions with kids age 12 or older will be shared with parents only if life-threatening. Parents will be informed of  
 general issues being discussed, and teens are encouraged to share the content of sessions with parents whenever possible.
- Substance Use:** The use of substances is contrary to productive work in therapy. If you arrive for your appointment intoxicated or high, the session may be terminated and you will be billed for the time.
- Therapist/Client Relationship:** Psychotherapy is often a highly intimate process, involving the sharing of deeply personal thoughts and feelings. In such an environment, it is not surprising that client and therapist, over time, may experience affection toward each other. However, it is an important life lesson that loving feelings do not have to be acted out in physical ways. During the counseling process, therapists do not engage in social activities with clients, and UNDER NO CIRCUMSTANCES are expressions of these feelings in a sexual manner either professionally ethical or therapeutically appropriate. If you have previously experienced this type of therapeutic boundary violation and would like to discuss it, I can help you understand what occurred and decide what, if anything, to do about it.
- Social Media and Electronic Communications:** As you are aware, electronic communications cannot  
 be guaranteed to be 100% secure. Therefore, I will engage in brief email communications for scheduling or for other specific reasons, but I do not participate in lengthy electronic conversations or email therapy. By extension of the ethical guidelines that prohibit social activities between therapist and client, I do not "friend" clients on social media sites.
- Therapeutic Techniques:** In session, we may use a variety of psychotherapeutic techniques to address your needs. These may range from talking to visualization/imagery/hypnosis, role playing or cognitive rehearsals, expressive arts, assessment/measurement scales of mood, stress management, conflict management, ritual, charting of thoughts/feelings/actions, or other approaches. To increase the value of a 1-hour sessions during the remaining 167 hours per week, I may suggest ways to extend our work into the week and help you move toward your therapeutic or other goals.

## INSURANCE

Check with your insurance company to determine coverage for reimbursement. I will assist in clarification if needed. Unless arranged otherwise, you will pay your fees, and I will provide a monthly statement for you to submit with your claim form to your insurance company. You are ultimately responsible for all fees.

## INFORMED CONSENT

I understand that in the event of present danger to self or others (*or under certain circumstances, if child abuse occurred in the past*), the law requires that psychotherapists seek assistance outside of the counseling setting. I understand that counseling sessions with adolescents may include confidential information that will be shared with parents ONLY if life-threatening.

I understand and accept the guidelines and policies contained in this agreement. I understand the fees and agree that I am responsible for payment. I hereby consent to counseling/psychotherapy under the above stated conditions. My signature also confirms I have received a copy of this agreement.

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

If for minor, Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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