

**Mallory D. Hepp, LCSW**

**Licensed Clinical Social Worker, LCSW 71295**

**5535 Balboa Blvd. Suite 206 Encino, CA 91316**

Welcome. I believe that people are full of possibility not pathology. Therapy is a collaborative effort. Through dialogue, we can open up new perspectives and possibilities, allowing us to create meaningful change in our lives.

I invite you to evaluate the usefulness of our therapy conversations. Therapy should be useful in creating movement toward your ideas and vision for your life and relationships. If our conversations are not meeting your needs, I would be happy to give you referral.

**Appointments:** Appointments last 50 minutes. If you need to cancel an appointment, I need to be notified at least 24 hours in advance to prevent billing your for the session.

**Payment for Service:** Clients are expected to pay for services at the time they are rendered.

**Insurance Reimbursement:** Clients who carry insurance must remember that professional services are rendered and charged to the client and not to the insurance company. Please check with your insurance company to determine your coverage for outpatient psychotherapy. I will give you a monthly bill upon request.

**Confidentiality:** In general, information disclosed within sessions is confidential and may not be revealed to anyone without your permission. The law provides for certain exceptional situations in which the therapist is required to disclose information: when there is reasonable suspicion of child abuse or elder or dependent adult abuse, or where the client presents danger of violence to an identifiable victim. The law also allows the therapist to break confidence when a client presents danger of violence to others or is likely to harm him or herself unless protective measures are taken. Disclosure may also be required in certain legal proceedings.

**In an Emergency:** If you have a life-threatening emergency, please dial 911.

**Minors:** In the event a minor (under age 18) is the client, parent's/guardian's signature is indication of permission to treat.

I have read, understand and consent to the above policies of Mallory D. Hepp's Therapy Practice.

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Client Printed Name	Date	Client Signature
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Minor Printed Name	Minor Age	Minor Signature
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