

CLIENT AGREEMENT

Edyn Therapy

Kristina M Cepielik

Marriage & Family Therapist (MFTI), Licensed Intern #83917

626.993.5881 – edyntherapy@gmail.com – myedyn.com

55 Sierra Madre Blvd #300, Sierra Madre, CA 91024

This is an agreement between Registered Intern Therapist, Kristina M Cepielik #83917 and client:

Print your name

This form is used to avoid misunderstanding pertaining to the process of Psychotherapy. All therapy is confidential, unless notes subpoenaed by a legal court system.

If there are any legal issues between the above client and Kristina Cepielik, the client agrees to settle the dispute in arbitration. All complaints may be made to supervisor Aleta Klein, 626.795.2905. **INITIAL** _____

Aside from being subpoenaed, all matters discussed in therapy are confidential, unless injury such as suicide is contemplated as a reality, hurting yourself seriously, harming another individual, an elder or a child is being considered, planned out, or has taken place. In these situations, reporting the issue is required by law. Additionally, if there are persons you wish to be added to your list of approved persons to include in the possible knowledge of your therapeutic process, please include them in the list below. Such persons may include: **school principal, teacher(s), school counselor, parents, spouse, significant other, previous therapist, medical doctor, children, caretakers, and/or legal guardian(s).**

Your therapist may not contact these people without your consent. If they are on this list, there is the potential that discussions pertaining to progress may take place if needed. Your therapist will communicate that they have discussed your therapy with an outside party. Names on the list will also allow your therapist to identify that they are working with you if they inquire; which would allow discussions to take place in an emergency situation. Example: Your husband or wife calls and wishes to discuss your progress. *Your therapist may not admit to even knowing you without your consent.* If your spouse is on the approved list, your therapist may discuss your situation with him or her.

Client Initials _____

Persons allowed to receive information pertaining to therapy, if necessary
(please consider examples given): **Another therapist, parents, step parents, school, etc.**

You have been informed that Kristina Cepielik is a Mandated Reporter and is obligated to report any issues or potential concerns such as suicide, child or elder abuse or seriously harming yourself or others.

INITIAL _____

If a session is not cancelled within a 24-hour period without reasonable cause, payment is required, even if the session did not take place **INITIAL** _____

No Secrets Policy

If you are in Couple's Therapy, or therapy with more than one person (does not apply to Group Therapy, or therapy with minors see *below*) you agree to a No Secrets Policy, which means that significant information shared with your therapist **may** be disclosed to the party you are in therapy with. Example: You are having an affair, are using drugs, are in debt, pregnant, etc. This also includes any information that may have slipped out in discussions. It is difficult for your therapist to keep track of what is 'secret' and what is open information. Eliminating secrets and living an open and honest life is a goal of therapy. Your therapist will do their best to honor your requests for privacy pertaining to certain issues but is not liable if the secret is discovered in Couples or Adolescent Therapy.

In regard to **Minors in Therapy**, Edyn Therapy prefers being open with the caretakers and/or legal guardians and parents of the child. Confidentiality is honored, but your therapist has chosen to create an open dialogue with the parents as necessary.

The No Secrets Policy is implemented by Edyn Therapy to help build trust for all persons in therapy together. If one party feels that a therapist is withholding information, openness in session will be stifled and the therapist may not be trusted.

Client Initials _____

All payments must be made to Kristina Cepielik's supervisor:

Aleta Klein, 55 W. Sierra Madre Blvd #300, Sierra Madre, CA 91024

Client's signature *Date:*_____

Client's signature *Date:*_____

Client's signature *Date:*_____

Client's signature *Date:*_____