

COLLEEN KELLY MS LMFT

psychotherapist specializing
in couples & families

Welcome,

Thank you for making the time to meet in person. Our first session will enable me to get to know you and determine how I can best help you. You can find out more detailed information about my approach and background on my website listed below.

Individual sessions are usually fifty (50) minutes in length, unless otherwise specified or arranged for. Couple or family sessions are usually 75 minutes in length, and are billed accordingly. I urge you to keep all scheduled appointments. Meeting regularly is an important factor in successful therapy.

In the event that you need to contact me, please call my office phone (818) 276-1799. I will get back to you within twenty-four (24) hours of your call Monday-Friday. I am not available on Sundays. You can also contact me via email but I cannot guarantee as prompt a response. You can call or text my cell phone for scheduling-related matters only 818-399-1364.

Please complete as much as you can of the attached information. If you have any questions, I will be happy to discuss them in the session. I look forward to meeting with you.

Thank you,

Colleen M. Kelly, MS, LMFT

ColleenMKellyMFT.com

818-276-1799

16055 Ventura Boulevard, Suite 1111
Encino, CA 91436

4010 Barranca Parkway, Suite 252
Irvine, CA 92604

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Consent for Treatment

CONSENT FOR TREATMENT

I hereby consent to receive services from Colleen Kelly Licensed Marriage and Family Therapist.

Fees agreed upon will be paid by credit, cash or check made payable to Colleen Kelly following each session unless arranged for otherwise.

Sessions will be conducted on a weekly basis unless otherwise negotiated.

A parent or legal guardian may authorize counseling for their minor child by signing below.

EXCEPTIONS TO CONFIDENTIALITY

Confidentiality is the right of all clients and will be maintained in all cases except for:

- An individual who intends to take harmful, dangerous, or criminal action against self or another human being.
- Physical, sexual, or severe mental abuse of a child.
- Physical abuse, abandonment, isolation, financial abuse, or neglect of an elder or dependent adult.

Prior to informing any person, the therapist will take all possible steps to talk with the client in order to resolve issues, and maintain confidentiality.

My signature below indicates that I have read, understood and agree to the above information.

Date: _____

Print Name _____
Patient or parent/guardian

Signature _____

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General Information

If you are currently taking medication, please describe:

Have you had previous therapy? _____

If so, when and with whom?

Who referred you to my office? _____

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Informed Consent

INFORMED CONSENT

Office Policies

- Individual sessions are typically 50 minutes in length. Couples sessions are typically 75 minutes in length.
- Please pay with check, cash or credit card.
- 24 hour notification of cancellation or you will be charged for the session.
- Phone calls will be returned within 24 hours, except Sundays.

Fees

- \$175 – 50 minute session
- \$220 – 75 minute session
- Phone consultation over 10 minutes is billed per quarter hour.
- Weekly phone consultations, emails or other contact accumulating in excess of 10 minutes will be billed accordingly.

I have read and agree to the foregoing:

Print Name

Sign Name

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