

SOPHIE LEVY, LMFT#100618

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SANTA MONICA, CA 90403
(310-621-7476)

INFORMED CONSENT

Name _____ Date of Birth _____

Home Address _____

Phone: home _____ work _____ cell _____

Person to notify in case of an emergency: (name) _____

Phone number _____ Relationship to person _____

I understand that Sophie Levy, LMFT #100618, is a Marriage and Family Therapist.

I understand that Sophie Levy, LMFT, has an ethical and legal obligation to protect my confidentiality. However, confidentiality may be suspended and the proper authorities notified under the following circumstances:

- I present a danger to myself, another person, or property
- I become gravely disabled
- I disclose information regarding the neglect, physical or emotional abuse of a minor, dependent adult, or an elderly adult

On occasion, Sophie Levy, LMFT, may consult with other professionals regarding my treatment. No identifying information will be revealed during these consultations, and confidentiality will be fully maintained.

I understand that sessions are 50 minutes in length. If I need to cancel a session, I must do so at least 24 hours in advance, or I will be financially responsible for the missed session. I may pay by either check, cash or paypal; checks are made payable to Sophie Levy. There will be an annual fee review. Additionally, I will make best efforts to reschedule if for some reason I have to cancel the session.

I have read and agree to the policies as outlined above.

Name (please print): _____

Signature: _____ Date: _____