

**Lyla Tyler, MS**  
**Marriage and Family Therapist, License MFC40757**  
**2710 X Street, Suite 2B**  
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### Psychotherapy Information

By signing this contract you are agreeing to enter into a treatment relationship with Lyla Tyler, a licensed Marriage and Family Therapist and a Registered Play Therapy Supervisor, and Certified Nurtured Heart Trainer.

**FEES:** Fees are payable at the time services are provided and the fee is \$150 for a 50 minute session. If a session lasts longer than 50 minutes you will be charged more depending on the length of the session. The fee for me in court or for court testimony is \$300 per hour. Payment may be made by check, cash or credit card. . Fees are payable at the time that services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. Fees are reviewed annually and if my fees change at any point in the future, I will provide 30 days notice of any changes.

Your therapist does not accept insurance. Your therapist is happy to provide receipts for services so you can pursue reimbursement through your insurance company, if allowable. Please inform your therapist if you wish to utilize health insurance to pay for services, and your therapist can make appropriate referrals.

You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist/provider is happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with me

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

**MISSED/ CANCELLED APPOINTMENTS:** Continuity is important in the therapeutic process, but if you need to cancel an appointment, please contact me at least 24 hours prior to the session or you will be responsible for paying for the missed session.

**TELEPHONE CALLS AND EMERGENCIES:** Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

A private message can be left on my confidential voice mail. I check messages throughout the day and will return call as soon as possible. If your call is not returned within 24 hours, please call again as errors can occur and messages may be inadvertently erased. If your situation is an emergency, please make that clear in the message, and I will make every effort to contact you immediately. I am unable to provide 24-hour crisis service. In the event that you or a family member feels unsafe or requires medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

**CONFIDENTIALITY:** One of the important rights you have as a client involves confidentiality. With certain exceptions, information revealed by you during therapy will be kept confidential (including the fact that you are a client). This information will not be revealed to others

outside this office without your written permission. However, there are certain situations when I am required by law, or permitted by law, to reveal information obtained during therapy to another person or agency without your authorization. This generally involves situations where there is suspected harm to minors or elders or a client's threat to harm self or others.

**CHILD AND FAMILY THERAPY:** A minor client will benefit most from psychotherapy when his/her parents, guardians, or other caretakers are supportive of the therapeutic process. If your child is the client, you are an important part of the therapeutic process and your ongoing involvement is essential for the best outcome. You may be asked to be involved in each session for all or part of the session. Family sessions also work best if parents are regularly involved

**TREATMENT OF A MINOR:** I generally require the consent of both parents prior to providing any services to minor children. If any questions exist I may ask you to provide supporting legal documentation, such as custody order, prior to commencement of services.

**PROFESSIONAL CONSULTATION:** Professional consultation is an important component of a healthy psychotherapy practice. I regularly participate in clinical, ethical and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your family.

**RECORD KEEPING:** Your records are maintained in a web-based system. What this means is your records are stored online in a secure, encrypted, HIPAA compliant system that is backed up to ensure records are not lost due to technical problems. Please ask any questions or report any concerns you have regarding online record keeping. As with any record keeping method, every foreseeable precaution has been taken to protect privacy, but there are no guarantees.

**TERMINATION OF THERAPY:** I have the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs which are outside my scope of competency or practice, or therapy does not seem to be benefiting the client. You or your representative has the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that the client participate in at least one terminating session, which is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering referrals to other therapists.

**ABOUT THE THERAPY PROCESS:** It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist and you will also periodically exchange feedback regarding your progress.

Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

As the client you have the right to ask questions of your therapist about professional qualifications, treatment objectives, and the plan of your therapy at any time in the therapeutic process.

**I HAVE READ AND UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED ON THIS AND THE PREVIOUS PAGE OF THIS CONTRACT**

This consent refers to services to be provided for:

\_\_\_ The adult client(s) listed below

\_\_\_ The dependent client(s) and the Parent/Guardian listed below

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Client name (Print) Signature Date

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Client name (Print) Signature Date

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Client name (Print) Signature Date

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(Print) Signature Date Parent/Guardian Name

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(Print) Signature Date Parent/Guardian Name

This contact was reviewed with the client(s) or the Parent/Guardian for dependent client(s) named above during their appointment on \_\_/\_\_/\_\_, and a copy of the document was provided to the client(s)/Parent/Guardian(s).

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Lyla L. Tyler, MFT, MFC40757

Date