Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dr. Foojan Zeine** has been a Psychotherapist for more than 30 years, is a Radio/podcast host, International Speaker, and author.  She has her Doctorate in Clinical Psychology and is a Licensed Marriage & Family Therapist. Dr. Zeine is the originator of “**Awareness Integration**” educational and psychological theory and intervention, and the author of 6 books including **Life Reset** – The Awareness Integration Path to Create the Life You Want. She has authored and co-authored 5 books. For more information, please visit [www.foojanzeine.com](http://www.foojanzeine.com)

**Online Therapy:** It is the goal for you to benefit from online therapy as all or part of your psychotherapy, but there is no guarantee. Therapy is conducted using cell phone for audio and Doxy.me, Zoom, or WhatsApp or other secure mediums for video. Email and text will only be used for questions and answers and scheduling purposes. Online based services as care may not be appropriate for your need. If it is assed that online therapy is not sufficient or appropriate for your needs and face to face is more appropriate, an appointment in the San Clemente, CA office will be suggested, or referrals will be provided.

**Audio and Video Recording of the sessions are not permitted**

**Confidentiality:** All information shared during the course of therapy is confidential, except:

1. Report of child, elder, and dependent adult abuse
2. Threats of harm to self or others
3. Legal subpoena only if issued by a judge directly requiring waiver of the privilege of confidentiality
4. Collection of fees.
5. Client’s written permission

**Appointments and Fee for Services:** Sessions are 50 minutes, at the scheduled time. The fee for each session is $250 US. A time limited package is being offered for 10 consecutive online therapy sessions to be prepaid for $2000 US. Dr. Zeine is not part of any insurance panel and will not accept nor bill for insurance. She will offer an invoice for the you to submit to your insurance company to be reimbursed. Payment will be made via **Square.com** prior to appointment. An invoice will be sent to you from Square which allows easy payment. **Rescheduling or cancelations must be done 24 hours in advance** via email (foojanzeine@gmail.com) or text (818-648-2140). This policy is strongly enforced, and you will be charged for sessions that are not attended without the 24 hrs. prior notice.

**Refund Policy for Packaged Sessions:** If you choose not to continue for the full term of the package, you may write an email requesting a refund only for the sessions that are not used. Please note that the rate of the sessions utilized will be charged as a full price of each session (ie. $250 per session). The credit card fee will also be deducted. The remainder of the received fee will be reimbursed by check to the address written above. The discounted rate only applies to the fully utilized package.

**Limitations:** It is important to realize that online therapy is intended to provide quality information, practical answers to psychological issues, and online therapy for present problems. This service is not intended to provide psychotherapy for people in crisis as this particular venue is not entirely suited for such purposes. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which therapist will challenge client’s perceptions and assumptions, an offer different perspective. The issues presented by the client may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility. There are no guarantees about what you will experience, or when or how fast you will feel improved. This service will only serve the residents of the state of California, USA.

**You should seek traditional mental health treatment rather than internet therapy if:**

1. You are having thoughts of harming yourself (e.g. suicidal thoughts). Please call **911** or **1-800-SUICIDE**, which is the National Suicide Hotline.
2. You are having violent thoughts toward harming someone else or psychotic symptoms. Please call **911.**
3. If you have serious substance abuse dependence.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, you may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

**Procedures should we encounter technical difficulties or disruptions in service:** It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. Should a disruption occur at a time of crisis, please call Dr. Zeine’s cell 818-648-2140.

**By signing this form:**

1. I agree that I reside in the state of California
2. I am aware that a “HIPPA Notice of Privacy” is available for me to read on <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>
3. I agree to participate in online psychotherapy.
4. I have read, understood and comply with the agreed upon policies.
5. I understand that I am fully responsible for the payment of my treatment. The fee agreed upon by Dr. Foojan Zeine and I is due before our session paid via Square.
6. I agree to the 24hr. cancelation and rescheduling policy.
7. I agree to have a termination session before completing our work together.

Thank you for reading this carefully. If there are questions about these policies, please voice them at the beginning of your session. Our therapeutic relationship supports the changes you want to make in your life.

I have read and understood and agree with all policies. I agree I am fully responsible for the payment of my treatment. I agree Dr. Foojan Zeine will communicate with me via phone calls, texts, email or mail.

Client Signature Date