

# Linda Goodman Pillsbury, LCSW

818.522.3952; lindapillsbury@gmail.com

---

Welcome. I believe that everyone has a basic right to emotional and physical safety. I believe that everyone has talents, abilities and strengths that can make positive change possible; and that people can make changes in thinking, feeling and behaving through the collaborative process of therapy. Together, we will work towards your goals using an integrated approach that includes EMDR and Cognitive, Behavioral, and Solution Focused strategies.

**Appointments:** Appointments last either 50 minutes or 75 minutes. Generally adult EMDR and couples appointments are 75 minutes. If you need to cancel an appointment, I need to be notified 24 hours in advance; otherwise you will be billed for the session.

**Payment:** It is the client's responsibility to pay for sessions at the time of service. My fee for 50-minute sessions is \$130 and for 75-minute sessions is \$195. If you request it, I will supply you with a monthly statement that you can submit to your insurance company.

**Confidentiality:** In general, information disclosed within sessions is confidential and may not be revealed to anyone without your permission. The law provides for certain exceptional situations in which the therapist is required to disclose information: when there is reasonable suspicion of child abuse or elder or dependent adult abuse, or where the client threatens violence to an identifiable victim. The law also allows the therapist to break confidence when a client presents danger of violence to others or is likely to harm him or herself unless protective measures are taken. Disclosure may also be required in certain legal proceedings. Please see the attached *Use, Disclosure and Access to Protected Information* for a description of how medical information about you may be used and disclosed and how you can get access to this information.

**Minors and confidentiality:** Communications between therapists and minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, I, in the exercise of my professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker.

**In an Emergency:** If you have a life-threatening emergency, please dial 911.

It is my intention to provide you services that will assist you in reaching your goals. As part of the process, together we will evaluate progress and make adjustments based on changing needs. Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result. You may discontinue therapy at any time.

**Agreement:** You, the undersigned, agree to enter into a psychotherapeutic relationship with me, Linda Goodman Pillsbury, Licensed Clinical Social Worker #LCSW 24069, and understand and agree to the above policies. I have received a copy of *Use, Disclosure and Access to Protected Health Information*.

---

Client Printed Name	Signature	date
---------------------	-----------	------

---

Legal Guardian (if needed)	Signature	date
----------------------------	-----------	------

---

Linda Goodman Pillsbury, LCSW Therapist	Signature	date
--	-----------	------