

**Deonae Shackelford, MSW, LCSW**  
**Licensed Clinical Social Worker #121067**

www.healinghouselosangeles.com  
(818) 798-8086  
Email: deonae@healinghouse.com

**About Therapy**

Therapy is a form of self-care that assists you in resolving and managing problematic thoughts, behaviors and feelings. It addresses issues that present themselves in your day-to-day life and in your relationships. By participating in therapy, you can learn new and better ways of living a happy, healthy and productive life. While there are no guarantees, your experience in therapy should help you feel better and achieve positive change.

Though therapy is intended to help you feel less worried, anxious or fearful, it can sometimes cause you to feel worse before you feel better. This is part of the therapeutic process and it usually means you are making progress. You determine if therapy is right for you and you have the right to terminate therapy at any time.

You will be participating in therapy with Deonae Shackelford, MSW, LCSW a Licensed Clinical Social Worker

**Appointments and Session Fees**

Individual sessions consist of a **45-minute hour**; conjoint (2 or more parties, i.e., couple, minor and parent/guardian, family) sessions consist of a **75-minute hour** [billed accordingly]. In order to gain the maximum benefit from therapy, sessions should take place on a regularly scheduled basis. The best results occur when appointments are consistently scheduled and the client maintains regular attendance.

The fee for your ***individual session*** is \$12500.

The fee for your ***conjoint session*** is \$200.00.

List the amount here if we discussed a temporary sliding scale fee: \_\_\_\_\_

Please initial that you have read and understand your responsibility for Appointments and Session Fees: \_\_\_\_\_

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**Letter and Report Fees**

Letter of enrollment and quarterly progress reports are provided at no cost. Thorough examination and evaluation reports are billed at the rate of \$100.00 per hour. These examinations and evaluation reports include, but are not limited to Mental Status Examinations; Custody Assessments; Substance Abuse Evaluation, et al. Letters needed more than every three months will be provided at \$75.00 per letter.

Please initial that you have read and understand your responsibility for Letter and Report Fees:

\_\_\_\_\_

**Disclosure Statement**

**Payment for Professional Services** is due in full at the time services are rendered. If you encounter a problem with the payment of fees, you should discuss it with Deonae immediately. If you are unable to pay, you should not stop therapy. You are responsible for discussing it with Deonae immediately. It may be possible that other arrangements can be made. All appointments should be scheduled in advance with Deonae or at the close of sessions.

**Acceptable Payment Methods** include cash payments (Zelle, Cashapp) and credit cards.

Please initial that you have read and understand your responsibility for Payment for Professional Services and Acceptable Payment Methods: \_\_\_\_\_

**Cancellations/Missed Appointments** All sessions require a 24 hour cancellation. Appointments canceled on the day of your session as well as no call/no show sessions are charged at the rate of 100% of your regular session fee. Sessions canceled inside of the 24 hour window will result in a \$50 fee provided it is not a same day no call/no show.

Please initial that you have read and understand your responsibility for Cancellations/Missed Appointments: \_\_\_\_\_

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**Confidentiality Statement**

All information disclosed within the therapy session, including case notes and records, will be treated as confidential and, under some circumstances, as privileged. No information will be revealed to anyone that is not present in therapy, without your permission, or a legally authorized representative, unless there is an applicable legal or ethical exception. However, Deonae is required by law to report any *suspected* child, elder or dependent adult abuse and any situation where there is a threat of violence to an identifiable victim. The law also mandates Deonae to break confidentiality if you, the client, express a danger to self unless protective measures are taken. In addition, disclosures may be required in certain legal proceedings and actions. All questions regarding confidentiality, the release of information and waiver of privilege, etc., need to be discussed with Deonae.

Please initial that you have read and understand the Confidentiality Statement: \_\_\_\_\_

**Contacting Your Therapist**

Between sessions in the event of an emergency, or otherwise, you can reach Deonae or leave a message at: (818) 798-8086. You will NOT be charged for phone consultations five minutes or less. Calls exceeding five minutes will be charged at the rate of \$2.00 per minute or the equivalent of per minute session fee. Other calls will be charged according to your session fee.

Please initial that you have read and understand the Contacting Your Therapist Statement:

\_\_\_\_\_

**Notice to Clients**

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 of Behavioral Sciences online at [www.bbs.ca.gov](http://www.bbs.ca.gov) or by calling (916) 574-7830.

Please initial that you have read and understand the Notice to Clients Statement: \_\_\_\_\_

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**The Therapeutic and Financial Relationship**

The therapeutic and financial relationship with Deonae Shackelford, MSW, LCSW continues as long as professional services are being provided or until I declare, in person or in writing, that I wish to terminate therapeutic services, or my therapist notifies me that the therapy is being terminated.

I agree to meet with my therapist at least once prior to terminating therapy. I agree to pay for all services provided up until the time the therapeutic relationship is terminated.

I have read and understand all of the terms and conditions stated above regarding therapy. All of my questions have been answered fully. I understand and agree to the terms and conditions of this agreement.

_____	_____	_____
Date	Client Name (Please Print)	Signature of Client

_____	_____	_____
Date	Client Name (Please Print)	Signature of Client

I have discussed the above issues with the above-identified client. My observations of this person's behavior and responses give me no reason to believe that he or she is not fully competent to give informed and willing consent to treatment.

_____	_____
Date	Deonae Shackelford, MSW, LCSW