



**GITA MORENA, Ph.D., MFT**

MFT LIC#6722  
www.gitamorena.com  
gitam@mac.com

2201 20th Street #2  
Santa Monica, CA 90405  
619-302-0619

## **THERAPEUTIC AGREEMENT**

### **Payment and Length of Therapy**

I agree to enter therapy with Gita Morena, PhD, LMFT. We will meet by appointment for 50 minute sessions., unless we have decided otherwise.

I agree to pay the designated fee with cash, check, credit card or venmo, at the time of our session. I understand that I will be charged for extended phone conversations and missed sessions if I do not provide 24-hour notice, as outlined in the Office Policies.

### **Consent for Treatment**

I understand that I am engaged in a therapeutic process in which I learn psychological principles and techniques to apply to my behavior. As an adult, I take full responsibility for my own behavior and safety, and hereby release Gita Morena, PhD, LMFT, of all liability.

I consent to the treatment of my child, and understand that the same conditions as above apply completely.

I give permission for Dr. Morena to use my artwork and Sandplay photos for educational purposes. I understand my name and personal information will remain confidential, and that my identity will be disguised completely. Additional releases will be obtained if this information is to be published.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_