

Office Policies & Consent for Therapy

Rescheduling and Canceling Appointments: I request a minimum of 24 hours notice if you need to cancel or reschedule; otherwise you will be charged the full fee for the session. To cancel or reschedule your appointment, please leave a message on my voicemail, (650) 429-8224. You can call 24 hours a day. Due to scheduling, I need to end sessions on time, even if you arrive late. I usually only reserve an appointment time if you come every week; sporadic or every other week appointments may not be possible.

Fees: 50-minute sessions are \$200. The fee may be re-negotiated periodically. I will provide reasonable notice when raising my fee. Payment is due at each session. I accept cash, checks, and credit cards. If therapy becomes unaffordable, please talk with me, so we can discuss options. Telephone conversations, longer sessions, report writing/reading, reading records, release of information, consultation with other professionals, site visits, travel time, etc. will be charged at the rate of \$200 per 50 minutes.

Insurance: If you plan to use insurance, please talk with me and your insurance company as soon as possible. I am not a contracted provider with any insurance company or managed care organization. If you choose to use your insurance, I will provide you with a statement, which you can submit to your insurance company to seek reimbursement of fees already paid. You are responsible for paying for sessions regardless of whether or not you are reimbursed by your insurance company. The amount of reimbursement depends on your specific insurance plan. Most insurance companies do not reimburse for missed or canceled sessions. Also, insurance companies generally limit coverage to certain diagnosable mental health conditions; not all problems/conditions are covered. Please verify and understand the limits of your insurance coverage. I am unable to guarantee that your insurance company will reimburse you.

Confidentiality: Confidentiality is very important to me. Information disclosed during therapy is generally confidential. There are exceptions to confidentiality. For example, therapists are required to report suspected abuse or neglect of any child, elder, or dependent adult. Therapists are also required to report if they believe that someone is a danger to him/herself or others.

Telephone & Emergencies: To talk with me between sessions, you can leave a message (including your phone #) at any time on my confidential voicemail/cell phone, (650) 429-8224. If you have an urgent need to speak with me, please indicate that fact in your message. Please do not use email for urgent matters. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, call 911. I do not check my voicemail/email or return calls during the evenings, nighttime, holidays, or weekends, so I am not the right therapist if you experience safety-related crises. I cannot guarantee that I will be available when you need to talk. Having a back-up plan for safety is essential. Please talk with me about developing a safety plan if needed. Crisis Line # is 1-855-278-4204.

Privacy: Emails, texts, cell phones, and faxes can be accessed by unauthorized people and can compromise your privacy. Notify me if you want to avoid the use of any form of communication. I use Square, PayPal, and Acuity for scheduling appointments, charging credit cards and sending invoices. I send invoices by email (using Square). Let me know if you do not want me to send you invoices by email.

Risks and Benefits of Therapy: Therapy is a process in which you and I discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so you can experience your life more fully. It provides an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Therapy is a joint effort between us. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. During the therapeutic process, it is common to feel worse before you feel better. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. At any point, if you feel uncomfortable with the therapy process, please talk with me about your concerns. Your input is very important. You have the right to agree or disagree with any of my recommendations. You have the right to refuse to use particular techniques or approaches.

Risks and Benefits (cont.): Please ask me if you have any questions about therapy, the possible risks, the treatment plan, or my experience. There may be other ways to achieve your goals, such as medication, group therapy, support groups, etc.

Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. I may challenge your perceptions and assumptions and offer different perspectives. Attempting to resolve the issues that brought you to therapy may result in unintended outcomes, such as changes in personal relationships. Therapy may result in decisions about changing perceptions, beliefs, behaviors, employment, substance use, schooling, housing, relationships, etc. Your decisions are your responsibility. Any decision on the status of your personal relationships is your responsibility.

Ending Therapy/Closure: You can decide to stop therapy at any time. If you miss an appointment or do not reschedule as recommended, I will assume that you have terminated therapy. I cannot predict the length of therapy, because it depends on your specific goals and the progress you achieve. We can plan on how to end therapy as you approach the completion of your goals. Also, if you or I believe that you are not benefiting from therapy, we can discuss your options. Options may include changing my approach, ending therapy, or referrals to other therapists or resources.

About Me: I use a variety of therapeutic approaches, including, but not limited to, family systems, cognitive behavioral, sandtray, artwork, EMDR (eye movement desensitization and reprocessing), mindfulness practices, neurolinguistic programming, and hypnotherapy. Please ask me if you want more information about any of these terms. Also, let me know if a particular approach interests you (or if you don't want to use a particular approach). I obtained an M.A. in Counseling Psychology from the Institute of Imaginal Psychology (Meridian University) in 2001. I received my license as a Marriage & Family Therapist in 2003. (Lic # LMFT40414) I am a sole proprietor.

Legal Issues: I will generally not participate in any legal issues or custody disputes. I will generally not write or sign letters, reports, declarations, or affidavits to be used in legal matters. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I make myself available for such an appearance at my usual and customary rate of \$200 per 50 minutes.

Your signature indicates that you have read this agreement carefully, understand its contents, agree to abide by the terms and conditions of this agreement, and consent to participate in psychotherapy. Moreover, you agree to hold me free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. Please ask me to address any questions or concerns that you have about this information before you sign!

Signature: _____ Date: _____

Printed name: _____