

CONSENT FOR MENTAL HEALTH SERVICES

To my clients:

Before beginning our work together, I would like to outline the basic business policies of my therapy practice so that you may be clearly aware of the parameters of our counseling relationship. Please read this information thoroughly. I will be glad to discuss with you any questions or concerns you may have. Your signature indicates you understand the following:

CONFIDENTIALITY—Our sessions and any records I keep concerning your therapy are kept confidential, To with the following exceptions as required or permitted by law: my regular professional consultation, your insurance claim, any instance of suspected child abuse or elder abuse, and any situation in which you present a danger to yourself or to another person. If I need to release or exchange confidential information for any other reason, I will ask you to sign a written authorization for me to do so. Even when I have the duty or the right to disclose confidential information, I will make every effort to preserve your privacy.

APPOINTMENTS—Sessions are generally scheduled on a weekly basis and are 50 minutes in length. If you are late, the session will naturally be shorter; if I am running late, you will receive your full session time.

CANCELLATIONS—I require at least 48 hours advance notice by phone message if you need to cancel your appointment. Otherwise, you will be charged your full fee for the missed session.

PAYMENT—Full payment is requested at each session. Please have your payment ready at the beginning of the session so that the rest of the time can be reserved for our therapy work.

INSURANCE – I the client/guardian consent to have claims submitted to client’s insurance company Yes _____ No _____ (please initial)

I the client/guardian am ultimately responsible for charges incurred even though services will be billed to the client’s insurance. Agree _____ Disagree _____ (please initial)

PHONE CONTACT—If you need to contact me between sessions, please call my office (415-488-0818) and leave me a message. I check my messages daily and will return your call as soon as possible. It is helpful if you leave a detailed message stating the purpose of your call and several different times you can be reached. I do not return calls after business hours or on weekends, nor do I have emergency availability. To ensure your safety, I request that you agree to the following during the period we are working together: if you urgently need to speak to a professional, you will call the County Crisis Line at (415) 473-6666 or if you are experiencing an emergency that is potentially life-threatening, you will call 911 or go to your nearest hospital emergency room.

I have read, understood, and agree to the above policies.

Client’s Signature _____ Date _____