# INFORMED CONSENT POLICIES FOR PSYCHOTHERAPY

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Welcome. Please read the following office policies. Your signature below (or returning an email with "I agree to the policies in the Informed Consent,") signifies that you understand and agree with these policies, and freely consent to treatment Please be aware that I am a licensed psychotherapist in the States of California and Maine only, and all work I conduct outside of the state is Spiritual Guidance and Consultation.

## CONFIDENTIALITY

Legal and ethical codes require that information provided during psychotherapy be kept confidential except under the following circumstances.

Release of Information: There may be circumstances in which it will be necessary or beneficial to release or exchange information about your treatment with other professionals such as your primary care physician or another therapist. In these situations, I will ask that you sign a Release of Information form.

Legal Limitations to Confidentiality:

- I may disclose limited information to necessary people without your permission if I have clear evidence that you are a serious danger to yourself or others.

- I am mandated to breech confidentiality if I learn of an incident of child or elder abuse by you or anyone else.

- There are also some situations where the court can mandate that I release your records.

## FEES

My fee per session (50 minutes) is $300/50 minutes sessions ($425 for 75 minutes). Your psychotherapy session includes the business aspects of arrangements such as scheduling and payment. I prefer to receive payment via Venmo, but also accept Paypal. If you need to pay via check, I require payment in advance for each month, which can be refunded or credited if you, or I, must cancel a session for any reason.

- **PAYMENT IS DUE THE DATE OF SESSION (not before or after).** I update my book-keeping approximately once/month and will send email updates for late payments.

- Approximately once/month I will reconcile the month and follow-up if payment is not received, and will bill you then. If clients are behind more than a month, we will need to discontinue therapy until you are caught up.

## SCHEDULING AND CANCELLATION POLICY

**I have a 48-hour cancellation fee.** If you cancel in less than 48-hours, you will be charged the full fee for your session with no exceptions. Whereas I understand that unanticipated things like illness and other emergencies can come up, please hold the view that your commitment is to the therapeutic relationship and process as a whole, in which I am holding your slot for you, and therefore paying for missed sessions needs to be included as part of the process.

## PHONE CALLS AND COMMUNICATIONS

My phone number is (415)320-5966. For scheduling, I prefer text and email. If you need to talk with me between scheduled sessions, please leave me a message: (415)320-5966. Please only call late at night and in the middle of the night if it is an emergency. I check for messages Monday through Friday, and less frequently Saturday through Sunday. In emergencies I will get back to you as soon as possible. There is no charge for calls of less than 10 minutes.

If you would like me to review documents, correspondences, or respond to email that exceeds 10 minutes of time, there is a fee prorated based on your fee for a 60 minute session.

**CONSENT TO TREATMENT**

Initial Assessment: I believe that it is important to assess the fit between the client(s) and therapist. For this reason, I always view the first session or two as a period for initial assessment. Within our fist two sessions I will discuss with you the approach that I believe will be effective in treating your issue and will give you an opportunity to choose your course of action.

Treatment Planning: In the beginning and throughout our work together, I will collaborate with you to establish clear goals for the outcome of your therapy. We will develop a plan for reaching these goals. Over time, we will define specific areas of focus, identify particular skills and capacities which need to be developed, and implement procedures that can help you develop them. As part of this, keep me informed about your experience in therapy. Please ask questions, express concerns and give me feedback on a regular basis.

Termination of Sessions: You have the right to terminate treatment any time you wish. However, in some circumstances people feel that they want to stop work together when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason, I request at least one session to discuss termination under all circumstances, and one closure session.

THANK YOU, for trusting me to assist you in your psychological growth and spiritual unfolding.

I have read and understand the above policies and information, and freely give consent to treatment.

**Signature**

**_____**

**Date: _____**

**Signature**

**_____**

**Date: _____**