INFORMED CONSENT POLICIES FOR SPIRITUAL GUIDANCE PRACTICE

Mariana Caplan, PhD, MFT

Licensed Psychotherapist in California and Maine (CALic. #50312; MELic#6972); www.marianacaplan.com.

www.marianacaplan.com; (415)320-5966

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 these states or the United States is Spiritual Guidance and Consultation*.

Mutual Confidentiality

This is a mutual nondisclosure agreement. For my work with spiritual counselling, as it may involve working with two or more people in a given group or community, our agreement to confidentiality is mutual, based on my experience doing work in this field over many years.

This protects the privacy and confidentiality of both of us during the time we work together and forever after. The pedagogy I offer when consulting, advising, teaching, mediating is based on many years of experience with a large and diverse variety of organizations, religious and spiritual communities and teachers, and individuals, including high-profile individuals and organizations. They have invested their confidence in me, which I have protected impeccably over many years. In order to give you the direct benefit of the years of experience I have with prior clients, students, and communities and to teach and advise with specific examples, I need the confidentiality that I have cultivated with these individuals, leaders, communities, and clients to be protected by our mutual confidentiality. The principles, methods and ideas I am conveying are for your benefit and growth and can be used freely in your work and personal life; it is only the specific information about individuals, groups and situations that I am seeking to protect here.

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 Spiritual Guidance 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.

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: _____

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