

## Office Policies and General Information

**Welcome!** I encourage you to let me know, at any time, of any concerns or questions you may have regarding counseling and/or psychotherapy with me.

**24 hour cancellation:** Please notify me if you are unable to keep an appointment. There is a 24 hour cancellation policy. If you do not communicate a cancellation or request to reschedule at least 24 hours in advance of your scheduled appointment, you are responsible for the full fee.

**Process and risks of therapy:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and the resolution of the specific concerns that led you to seek therapy. Remembering or talking about unpleasant events or feelings can result in your experiencing considerable discomfort or strong feelings. Change will sometimes be easy and swift, but more often it will be slow and possibly frustrating.

**Confidentiality:** Everything we talk about in therapy is confidential and your privacy is protected by law. There are some exceptions to confidentiality. These exceptions are, if you talk about: 1) current child abuse, 2) current elder abuse, or 3) a plan to kill yourself or someone else. If there is something you want me to share with someone else, I will ask you to sign a Release of Information form, in which you permit me in writing, to share or exchange information, usually with another health care professional.

**Payment:** Payment for each session is due at the time of the session, unless we have agreed upon some other payment arrangement. Payment can be made with cash, check or credit card.

**Telephone and Emergency Procedures:** Please leave me a message at 707-583-2305 or 415-339-7890 if you need to contact me between sessions. I will return your call as soon as possible. If you're calling because of a psychiatric emergency, please call the 24-hour crisis center in Sonoma County: (707) 576-8181 or in Marin County: 415-499-6666.

**Phone Calls:** Brief phone calls will not be charged for. Longer calls will be charged at the rate that we have agreed upon for your regular counseling appointment.

I have read and understand these office policies and procedures regarding therapy and I have been advised of my right to confidentiality and its exceptions.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_