OFFICE POLICIES AND GENERAL INFORMATION

I have prepared this brief description to acquaint you with my services and procedures. Your questions, feedback, and suggestions are always welcome.

Telephone: If I am not available to answer the phone when you call, an answering machine will record your message. Please always include your name, number, and a few good times to reach you. I will call you back as soon as possible.

Medical Check-up: I advise that all clients receive a medical check-up by their personal physician at the time of beginning treatment. This procedure helps us both be sure that physical problems are not the cause of the difficulties for which you are seeking counseling.

Fees: Payment is expected at the time of each session unless other arrangements have been made. Fees are also charged for any service time beyond scheduled appointments such as crisis phone calls, written reports, and court appearances.

Cancellations: If you must cancel an appointment, please give me at least 24 hours advance notice. Since your appointment time is reserved exclusively for you, you will be charged for the session unless you cancel 24 hours in advance.

Time: The typical appointment lasts 50 minutes, unless a longer or shorter time has been arranged.

Confidentiality: All information between counselor and client is held strictly confidential unless: (1) the client authorizes release of information with a signature; (2) the counselor is ordered by a court to release information; (3) when a client presents a physical danger to self or others; (4) when child or elder abuse/neglect is suspected. In these latter two cases, we are required by law to inform potential victims and legal authorities so that protective measures can be taken.

Emphasizing the need for confidentiality, I will not keep information confidential between couples and family members, but I will use my clinical judgment when revealing information.

Emergencies: If you are not able to reach me in an emergency, you may call 24-hour psychiatric emergency services at Highland Hospital in Oakland, Alameda County Mental Health Crisis Services, or the “911” police emergency number.

I hereby certify that I understand and agree to the above consumer policies:

Signed: ___________________________ Date: ___________________________

Signed: ___________________________ Date: ___________________________