

INFORMATION FOR CLIENTS

This statement provides you information about my practice as a Marriage and Family Therapist. You are receiving this at the beginning of therapy so that you will be fully informed about how I conduct my practice. I encourage you to discuss with me any questions you have about this form.

I. General Information

A. Psychotherapy varies depending on the personalities of both the therapist and the client, the particular problems and issues being addressed, the length of treatment, and the strategies used. Therapy has both benefits and risks. The risks sometimes include experiencing uncomfortable feelings and/or working with unpleasant life events. Of course psychotherapy also can lead to a significant reduction of distress, better relationships, and the resolution of specific problems. In order for this process to be successful, hard work on your part is recommended both during our sessions and between them.

B. Meeting each other and the mutual assessment: During the first few sessions we have the chance to get to know each other and: 1) discuss your presenting concerns and symptoms, current situation and past history, personal strengths and assets and preliminary goals; 2) decide whether I can help with the problems as presented; 3) determine appointment times and the number of sessions weekly or monthly; and 4) any other recommendations, suggestions or necessities such as the need for a medical examination, psychological testing, or psychiatric evaluation for medication.

C. Confidentiality: The fact that you are coming to see me for therapy, as well as the content of the therapy itself, are held by me in strict confidence. The only exceptions to this are 1) situations where it is mandated by law that I reveal information (when I have reasonable suspicion that child or elder abuse has or may be occurring, or when I think you will carry out a threat on your own life or that of another person); b) where you have signed a release form permitting me to communicate to a third party about your therapy; or c) in sessions with my consultant. In consultation I do not reveal the identity of my client. The consultant is also legally bound to keep all the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

D. Other: If a problem of any type (e.g., financial, scheduling, my approach, something I have said that you do not understand or that upset you) arises during the course of our work, please bring it up for discussion. Please do not undertake any other form of simultaneous therapy without first bringing it up for discussion and mutual decision-making. When another form of treatment is undertaken, I will usually request that mutual releases of information be maintained with the other treating professional to facilitate communication and to avoid a phenomenon called splitting, whereby some information is coming out or being shared with one therapist and not the other.

II. Fee Information and Scheduling

A. My fee is \$140/session. I assess my fee annually and if I do raise my fee I will give you a one month notice prior to doing so.

- B. I expect to be paid at the conclusion of each session. In certain cases I am willing to arrange monthly payments, in which case I ask for payment at the last session of each month.
- C. I am willing to write you a monthly statement and/or prepare a statement for your insurance company. I do not accept payment directly from an insurance company but ask you to pay me and then arrange reimbursement for yourself. The only exception to this is if your managed care company will only pay the provider. Please check with me about this to make sure I am an eligible provider and that I am willing to accept the fee that is offered.
- D. Appointments normally last 50 minutes for individuals and one hour (or more) for couples and families.
- E. For missed appointments I will charge full fee unless you notify me at least 24 hours in advance.

III. Other

- A. My voice mail can be reached 24 hours/day and I check for messages often throughout the week. On weekend and holidays I check my voice mail twice a day. Feel free to leave me messages at any time. I attempt to return all calls on the day I receive them or within 24 hours. If you are in a crisis I can arrange to be more available to you. Of course you can always call 911 or go to an urgent care center in case of an emergency.
- B. PLEASE NOTE: At times I return calls from my home or cell phone. Please do not use those numbers for automatic call back. Return all calls to my office voice mail at 650-321-2588.
- C. I have an M.A. in Counseling Psychology from California State University, Chico (1973). I was licensed as a Marriage, Family and Child Counselor in 1985 and I completed a Ph.D. in Transpersonal Psychology at the Institute for Transpersonal Psychology in Menlo Park (1990).
- D. Currently I am Adjunct Faculty at the Institute of Transpersonal Psychology in Palo Alto where I teach the Human Sexuality class in the Ph.D. program. I have also taught the Couples and Family Therapy class. Additionally, I am instructor in the Behavioral Health Education Department of Kaiser Permanente in Redwood City, teaching the Couples Communication and Overcoming Depression classes.

I acknowledge that I have read, understood and agree to “Information for Clients.” I have had my questions answered adequately at this time.

Client Signature(s)

Date