**WELCOME AGREEMENT**

Welcome! The benefit of therapy may be that you will be better able to handle or cope with your family or other social relationships, thus experiencing more satisfaction from those relationships.  Another possible benefit may be a better understanding of your personal goals and values, which may lead to a greater maturity and growth as a person.  In addition, your personal emotional growth may enable you to have a greater freedom in your choices of relationships and career options.

Therapy may involve risk as well, such as remembering unpleasant events that can arouse intense emotions.  Intense feelings of anxiety, depression, frustration, loneliness, or helplessness may also be aroused, but frequently abate during the course of treatment.  Persons with a significant other, such as a spouse, may also experience increasing conflict and tension in that relationship as they deal with emotional issues.

You are welcome to ask the therapist questions about procedures, methods, or your progress at any time.  You also have the right to know generally about the therapist’s experience and training, as well as the terms, conditions, and content of therapy.

Confidentiality: While under most circumstances all communication between the patient and therapist is confidential, California State law mandates that reporting of actual or suspected child or elder abuse to the appropriate agency.

In the event, an individual intends to take harmful or dangerous action towards another; it is the therapist’s duty to warn the person or family of the person who is likely to suffer the results of harmful behavior.  Similar actions are taken with patients who may have suicidal thoughts and desires.

Insurance Providers:  When applicable Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Minors and Confidentiality: Communications between Therapist and Patient (who are under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, in the exercise of Therapist professional judgment, Therapist may discuss the treatment progress of a minor Patient with the parent or guardian. Patients who are minors and their parents are urged to discuss any questions or concerns they have on the topic with Therapist. For Minors both Parent/ Guardian please sign the consent unless stated in attached copy of the divorce decree

For Couples: Your therapist is not required to keep any “secrets” from one partner, disclosed by another partner. This means that, depending on the judgment of the therapist, any information disclosed by one partner to the therapist is subject to discussion in session.

For Divorced Families: In the event of divorce, it is our policy that you provide me with a copy of the part of your divorce decree which pertains to custody of the minor child, and right to consent for medical/psychological services before your therapist can provide services

Psychotherapist-Patient Privilege: The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-patient privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient’s behalf until instructed, in writing, to do otherwise by Patient or Patient’s representative. Patient should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Appointments and Fees: Therapy sessions for individuals are 50 minutes in length.  The fee for a 50-minute session is $120. Length of therapy sessions for couples or groups may vary, and will be agreed upon by therapist and participants. Telephone consultations will incur charges in 15-minute increments after the first 15 minutes. An hourly rate is billed for letter and report writing. Fees must be paid at each session unless prior arrangements have been made.

24-hour voicemail is available to facilitate your communication with our Center and your therapist. When you must cancel an appointment, please call or text (805) 380-8331 at least 24 hours in advance or a full fee will be charged. Text, email or voice mails will be returned within 24 hours -1 business day. Declining a calendar event is not an acceptable form of cancellation.

Appointments and Scheduling:  Individual sessions are 50 minutes in length.  In order to be effective, therapy needs to take place on a regular basis, often weekly.  Therapist may suggest a different schedule depending on the nature and severity of your concerns.

Payment: The fee for service is $120, Sessions longer than 50-minutes are charged for the additional time pro rata.  I reserve the right to periodically adjust the fee.  You will be notified in advance of any fee adjustment. Payment in the form of check or cash or credit card is required at the time of your scheduled session.

Appointment Scheduling: Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome.

24 Hour Cancellation Policy:  Patients are responsible for canceling sessions 24 hours in advance in order to avoid being charged for a missed session. Emergency cancellations or cancellations due to unavoidable circumstances will be considered.

Professional Consultation: Professional consultation is an important component of a healthy psychotherapy practice. The therapist participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, the therapist will not reveal any personally identifying information regarding you or your situation.

Records and Record Keeping: Therapist may take notes during session, and will also produce other notes and records regarding the patient’s treatment. These notes constitute the therapist’s clinical and business records, which by law, the therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient. Should the patient request a copy of the therapist’s records, such a request must be made in writing. The therapist reserves the right, under California law, to provide the patient with a treatment summary in lieu of actual records. The therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain patient records for ten years, or in the case of minors until the minor turns 21, whichever is longer, following termination of therapy. However, after ten years or when the minor turns 21, the patient’s records will be destroyed in a manner that preserves confidentiality.

Patient Litigation: The therapist will not voluntarily participate in any litigation or custody disputes. The therapist has a policy of not communicating with the patient’s attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in the patient’s legal matter. The therapist will generally not provide records or testimony unless compelled to do so. Should the therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the patient, the patient agrees to reimburse the therapist for any time spent for preparation, travel, or other time in which the therapist has made him/herself available for such an appearance at Therapist’s usual and customary hourly rate of $120.00.

Termination: The therapeutic relationship continues until the client informs the therapist, in person or in writing that the client wishes to terminate therapy.  The therapist will notify the client, in person or in writing, should it become necessary to terminate therapy.  The client agrees to meet with the therapist at least once before stopping therapy.

Contacting the Therapist AND Emergencies:  Between therapy sessions you may, leave routine messages regarding appointments or non-urgent questions at (805) 380.8331.  Calls are normally returned within 24 hours Monday - Friday.  The therapist allows up to 10 minutes of phone contact between sessions at no cost.  Contact exceeding 10 minutes will be charged as a telephone session.  In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, or go to the nearest emergency room.

Electronic Communications Policy: Many clients prefer to communicate conveniently via email.  It is important to understand that there are risks associated with communicating electronically. Therapists email accounts and computers are password protected in order to protect your confidentiality. If you chose to communicate confidential or private information via email, it will be assumed that you have made an informed decision about the risks of your email being intercepted or your confidentiality being compromised.  Text messaging is reserved for scheduling only.

I understand that I am financially responsible for treatment.  I understand that I have the right to terminate the therapeutic relationship at any time that I should desire without fault.