

narrative .

contemporary therapy

928 Fort Stockton Drive, Suite 213, San Diego, CA 92103 © 619-261-4221

Office Policies and Financial Agreement

Confidentially In Therapy:

Both by law and our professional ethics, client/therapist communications are confidential in nature. However, there are legal mandates that also define when confidences are required to be broken. The following conditions are the exceptions to confidentiality:

- The client authorizes the release of information.
- The client is a danger to him or her self.
- The client is a danger to others.
- The client's records are ordered by the court.
- In the case of suspected child, elder, or dependant adult abuse.
- Unpaid fees may be reported to collection agencies.

Initials _____

Financial Agreements:

My fee is _____ per therapeutic hour (50 minutes). This fee may also be pro-rated for phone calls, extended sessions, or report writing. Fees are paid at the end of each session. Should professional fees be changed, the client will be informed in writing of the change. Unpaid balances will be reported to a collection agency after 90 days past due.

Initials _____

Cancellations:

Your therapy hour has been reserved for you. Appointment cancellations must be made at least 24 hours before the agreed upon appointment time. Should you cancel before this time there will be no fee added to your account. However, cancellations received within this 24 hour period and "no-shows" will be charged a full session fee.

Initials _____

Emergency and Vacation Policies:

I will make myself available to you, if possible, during times of emergency. This may be in the form of a phone call, or the scheduling of an additional appointment. However, I do not have an emergency number and cannot guarantee that you will be able to reach me. Please utilize local crisis lines such as the San Diego County Access and Crisis Line 888-724-7240 during these times or call 911. I will inform you of any times services will not be available (vacation, illness, etc.), and provide you with alternate options for service.

Initials _____

Client Name _____

Client Signature _____ Date _____