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IMPORTANT INFORMATION AND CLIENT CONSENT: Once you have fully read and understand the information below, please sign and date at the end of page 4.

CLIENT / THERAPIST RELATIONSHIP:

You and your Therapist (including Therapist Intern) have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your Therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship.

INFORMATION ABOUT YOUR THERAPIST:

At an appropriate time, I will discuss my professional background with you and provide you with information regarding my experience, education, and professional orientation. You are free to ask questions at any time about my professional background, experience and professional orientation.

AVAILABLE SERVICES:

I offer a range of counseling services, including individual, couples and family-dyads services. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. It is my intent to convey the policies and procedures used in my practice, and I will be pleased to discuss any questions or concerns you may have.

RISKS AND BENEFITS:

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, anxiety and sadness. At times the process may result in changes that were not originally intended. The benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, greater self-understanding, a wider sense of choice and the resolution of specific concerns. I cannot guarantee these benefits. However, it is my desired intention to work with you to attain your personal goals for counseling and or psychotherapy.

ABOUT THE THERAPY PROCESS:

Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with any recommendations. Periodically, I will provide feedback to you regarding your progress.

Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy, nor can a specific outcome or result be guaranteed.

COUNSELING & PSYCHOTHERAPY:

I provide counseling and psychotherapy services designed to address many of the issues that clients are managing. Counseling is referred to as "a shorter-term consultation on issues where most of the relevant input is easily brought to consciousness. When an important decision needs to be made in one's personal or professional life, sessions of counseling can clarify the deeper values that are at stake. Also, it can provide a framework in which what seems overwhelming can be managed by providing containment and structure to the process. Psychotherapy is referred to as "longer-term" work that occurs at a deeper level of consciousness. Both counseling and psychotherapy requires a relationship of respect, support and deep honesty.

CONFIDENTIALITY:

I abide by all ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between a Therapist and client are confidential and considered privileged. NO information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; danger to self or others; situations where the Therapist has a duty to disclose, or where, in the Therapist's judgment, it is necessary to warn or disclose; fee disputes between the Therapist and the client; a negligence suit brought by the client against the Therapist; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the Therapist when you and the Therapist discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned Therapist to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned Therapist from any departure from your right of confidentiality that may result.

MINORS AND CONFIDENTIALITY:

Communications between therapists and patients who are minors (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 exercising my professional judgment, I may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

APPOINTMENTS:

Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. Couples and Family-dyads could be extended for 80-minute sessions. If you must cancel or reschedule you appointment, I ask that you call my office at 510-891-1335 at least 48 hours in advance. This will free your appointment time for another client. If you fail to notify me within 24 hours prior to your scheduled time of a cancellation, you will be charged the full rate for your missed session.

FEE SCHEDULE:

Diagnostic & Evaluation Session -1st Visit (50 minutes)	**$200.00**
Therapeutic Session- Individuals	**$185.00**
Therapeutic Sessions-Couples/ Family	**$225.00**

* A reasonable fee will be charged for copies of any records requested by the Client.
*Fees are subject to change with adequate notice.

PAYMENT/INSURANCE FILING:

Clients are expected to pay the Agreed Fee per 50/80-minute session at the time of each appointment. Payment must be made prior to your session. If you are using a Managed Care/PPO/HMO insurance plan and wish to file your own claim, full payment is expected at the time of service, and I will provide you with a statement of services rendered.

GOOD FAITH ESTIMATE

You have the right to receive a "Good Faith Estimate" explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

EMERGENCIES:

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 have someone take you to the nearest emergency room for help. If you encounter a personal emergency which does not require 911 assistance, please contact my office regarding the nature and urgency of circumstances. I will make every attempt to schedule you as soon as possible or offer other options.

Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, I will make every effort to respond to your emergency in a timely manner. Once again, if you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.

DUTY TO WARN/ DUTY TO PROTECT:

If my Therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my Therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name Telephone Number

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TERMINATION OF THERAPY:

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

WHERE TO MAKE A COMPLAINT

It is my hope that you are completely satisfied with the services you receive. However, in the event you are not satisfied I invite you to discuss this openly with me and I am hopeful we can find a resolution.

In addition, The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916)

574-7830.

CONSENT TO TREATMENT:

By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given an appropriate opportunity to ask any questions of request clarification or anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for myself and I understand that I may stop such treatment or services at any time.

Please ask your therapist to address any questions or concerns that you have about this information before you sign.

Client Name (Print)_____

Client's Signature_____**Date**_____