Fremont Psychotherapy Graciela M. Fix, LMFT License # MFC47357 39812 Mission Blvd., Suite 106 Fremont, CA 94539 510.585.3514 (Phone) 888.549.3566 (Fax)

Client Information and Consent

Psychotherapy can be a very special opportunity to understand more deeply the problems you are experiencing, and to make the changes which are important to you. Therapy can be a fascinating and stimulating process. It can also be difficult, and, at times painful. While there are no guarantees, your active participation will contribute greatly to this process.

1. Confidentiality

In therapy, everything we speak about will be held strictly confidential with the following exceptions:

- a. you authorize the release of information in writing
- b. I'm concerned that you may pose a serious danger to yourself or others
- c. I need to release information to your insurance company for billing and/or authorization purposes
- d. abuse of a child, elder, or dependent adult is suspected
- e. I am court ordered to release information
- f. I seek individual or group consultation. In this case, your full name will never be disclosed.

Note: Please see the Consent to Treat a Minor form for additional information regarding confidentiality as it relates to working with minors.

2. Availability between Sessions

I check messages from 9:00 to 5:00 Monday through Friday and attempt to return all calls within 24 hours. If you need to speak to someone after hours you may call the 24-hr crisis line at 1-800-309-2131 in Alameda County and in San Francisco County the Crisis Support Services hotline at 415-781-0500.

3. Cancellations

It is important for the continuity of therapy that you come to all sessions. Since your appointment time is reserved exclusively for you, I have a 24-hour cancellation policy. In other words, if you cancel within 24 hours of the appointment time, you will be charged for the session. As insurance companies do not reimburse for missed appointments, you will be expected to pay out of pocket if your services are typically covered by insurance.

4. Vacation Policy

I will take several vacations during the year, usually no more than two weeks in length. I will provide you with advance notice of any upcoming vacations as well as back-up coverage available.

5. Fees
Fees are based upon a 50 minute session. Fees are due at the beginning of each session, payable
by cash or check. Fees are reviewed yearly and may be raised \$5 to \$10 per year. If you are
paying on a sliding scale basis, adjustments will be made as your financial situation changes. I encourage you to discuss any financial concerns or hardships as soon as they arise so we can adjust our arrangement accordingly.
Name:

Signature:

Date: _____