

OFFICE PROCEDURES & INFORMED CONSENT FOR COUNSELING

Description of therapy sessions

Therapy sessions are scheduled for 50 minutes unless otherwise indicated. To ensure the consistency and momentum necessary for change, I recommend that treatment clients make a commitment to **weekly** sessions. Typically, I recommend at least 3-6 months of treatment.

Consultation and more specific, targeted individual or family/parent coaching services may be shorter-term and less frequent than treatment services.

Initials _____

Cancellation Policy

There is a required **72 business hour (3- business days)** notice to cancel scheduled appointments. If you fail to cancel prior to **72 business hours (3 weekdays)** before your appointment, you will be required to pay your full fee for the missed session.

In the event that you do not show up for your scheduled appointment more than once, treatment will be automatically discontinued.

Initials _____

Fees and Payment

\$225 per 50-minute therapy session; individual, couple, family, parenting.

For the first appointment, payment is due via cash, credit card or check made out to Holly Pedersen, at or before the time of service.

For subsequent sessions with established clients who will be attending regularly scheduled appointments, payment may be made weekly or monthly. For clients who wish to be billed monthly, an invoice will be emailed at the beginning of the month for the previous month and payment is due within 21 days via cash, check or credit card. A 2% late fee will be automatically applied after 30 days. In the event that a client has a bill that is more than 45 days past-due, sessions will be suspended until the balance is paid.

Fees are reassessed at the beginning of each calendar year. Fee increases may occur annually and will be no more than 10%.

I do not take insurance, however you may submit for reimbursement by your insurance plan. Insurance claims and reimbursement are your responsibility. Many PPO insurance plans will cover between 50% and 80% of mental health services if you seek reimbursement. Contact a representative of your insurance plan to find out about your mental health benefits. I will provide a receipt containing the information that insurance companies typically require for filing claims.

Initials _____

Emergency Procedures

I am not available for emergencies. If you think that you are having a psychiatric emergency or need to speak to a mental health professional immediately, call the San Mateo County Crisis Hotline at 650-579-0350, dial 911 or go to your nearest emergency room.

Communication

My business phone number is (650) 364-4400. For non-urgent matters I will get back to you as soon as possible, usually within 24 hours during the week and less frequently on the weekends. There is no charge for brief telephone calls lasting between 5-10 minutes. Calls of 15 minutes in length or larger will be charged proportionally at my hourly rate (\$4.50 per minute).

Electronic Communication

Email will only be used for scheduling and not for personal counseling or conversations. **I check and respond to email once per business day, typically between 8:30am-9:00am.** I do not check or respond to email on weekends. If you need me to respond more quickly, please call and leave a voicemail message.

Email has significant limitations and confidentiality cannot be guaranteed. It is important to be aware that computers, unencrypted email and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. If you communicate confidential or private information via unencrypted email or texts, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters.

Initials _____

Required Reporting:

State Law and Professional Ethics require all mental health professionals to protect your confidentiality except for the following situations, in which we are required by law to file a report with the appropriate agency or authority:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. If there is a serious threat of physical harm or injury to a reasonably well-identified victim.
3. When the client communicates a threat to injure or kill herself/himself to the mental health professional.

Confidentiality:

1. I maintain a "no secrets" policy when working with couples. It is in a couple's best interest to have the individuals not keep secrets from each other over time. If one member of a couple reveals information about the relationship to me and indicates that this information is to be kept confidential from her/his partner, I will make an informed decision about whether keeping this information secret would be in the best interest of the couple and your goals. If it is determined that keeping this information secret jeopardizes the goals, I am under no obligation to keep this information confidential.
2. The laws and standards of the therapy profession require that any records be stored in a locked cabinet or in secured electronic devices. All session notes, contact information, and any other client or treatment related documents will be kept in a locked and secured location, consistent with the laws and regulations for the storage of private health information.
3. Clients under 18 do maintain the same rights of confidentiality as adults. However, confidentiality may legally be broken in the case of court proceedings or suspected child abuse.
4. All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances.
5. Please be aware that any communication by cellular phone or e-mail cannot be guaranteed as secure and confidential communication.

Litigation

I will not voluntarily participate in any litigation or custody dispute. I will not communicate with a client's attorney and will not write or sign letters, affidavits or reports to be used in a client's legal matters. I will not provide testimony or client records unless compelled to do so. Should I be subpoenaed to appear as a witness in an action involving a client, the client agrees to reimburse me for time spent for preparation, travel, court appearances, etc. at the hourly rate of \$375.

Your Agreement to the Above Terms and Conditions

I have read carefully and understand these policies and procedures and am giving my informed consent to participate in counseling with Holly Pedersen, MFT, Ph.D.

Client or Parent/Guardian (if therapy is with minor)

Date

Therapist Signature

Date