CONSENT FOR TREATMENT

Therapy involves both benefits and risks. Risks include the possibility of experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness and helplessness. Therapy often requires recalling experiences, some of which may be unpleasant. Therapy may involve making changes that can feel uncomfortable to you and those close to you. Should you notice any negative effects, please tell me immediately. I will make every effort to remedy the situation or provide you with names of other therapists should you prefer a referral. Psychotherapy has been shown to have benefits for those who undertake it. It often leads to reduction of feelings of distress, and to better relationships and resolution of specific problems. The objective is to find more peace, joy, and healthier relationships.

CONFIDENTIALITY

As part of the counseling process, I am bound by ethical responsibilities to keep confidential the information shared during the sessions and I will not release any information without your written permission. There are important exceptions to the confidentiality of the counseling relationship. I am required by law to reveal certain information under the following circumstances:

a) **Disclosure of serious intent to do harm to self or others**
b) **Disclosure of child abuse or my suspicion of child abuse, elder abuse, or dependent adult abuse**
c) **If a court of law orders the release of specific information**

APPOINTMENTS

The length of a usual appointment is 50 minutes, except for the initial session, which may take up to an hour. Appointments are usually scheduled weekly and on a regular basis until you have accomplished the majority of your goals and other arrangements are made.

CANCELLATIONS AND MISSED APPOINTMENTS

A credit card number will be taken at the onset of your counseling. Appointments must be canceled at least 48 hours in advance to avoid incurring a charge. The 48 hours are within business hours and do not include weekends or holidays. Late cancellations or not showing up on the day of a scheduled appointment will be charged at the regular hourly fee to your credit card. If you have a true emergency, your credit card will not be charged.

PAYMENT

Payment is expected at each session unless other arrangements have been made in advance. Kimberly Greene is a psychotherapist with specialized training in individual, couples, family, and trauma therapy. You are responsible for payment for all services rendered either by a debit card, credit card, check or cash. All checks and credit cards will be paid to Kimberly Greene, MA, LMFT.

CHECKS/OVERDUE ACCOUNTS

There will be a $25 service fee on all returned checks.

TELEPHONE, TEXT AND EMAIL POLICY

Generally, I ask that clients reserve discussing problems that arise between sessions for the next scheduled appointment time. I encourage you to use resources you have and to reach out to your support system. Unless there is an emergency, our schedules do not permit us to talk on the phone, respond to lengthy texts or answer lengthy emails in between sessions. If you feel the need to text or email information beyond the routine scheduling of appointments, I will wait to discuss the content in our next scheduled session. If telephone calls are necessary for a client emergency, please schedule a time for a telephone consultation, which will be charged at our regular rate (in 15 minute segments). **Please do not text anything other than appointment times as confidentiality is not secure with texting.**

INSURANCE

I am what is referred to as an "Out of Network Provider." I do not bill your insurance company and payment is due at each session. However, I will provide a "Super-bill" if you are eligible for reimbursement from your insurance company. Services may be covered in full or in part by your health insurance company or employee benefit plan.

PHYSICAL EXAMINATIONS

I strongly recommend that each client obtain a thorough physical exam prior to commencing therapy. This is especially important if you are suffering symptoms of anxiety or depression, headaches, and/or weight gain/loss. Symptoms may be biologically caused or may be there for a protective reason.

EMERGENCIES

Counseling services are available only during scheduled office hours. In a crisis, you may utilize the Sacramento County Mental Health Crisis Service (916-875-1000).

If you have any questions about these policies or about psychotherapy, please ask before signing. Your signature indicates that you have read this policy and agree to enter therapy under these conditions. Further, it indicates your understanding that I may terminate therapy if you do not comply with the policies or if I feel you are not benefiting from treatment.

_____ Date _____

Client/Parent Signature