Lisa Shrewsbury, Licensed Marriage & Family Therapist ***#86771***

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Office Policies & Informed Consent for Psychotherapy Services

Please read the following information carefully.

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me.

PROVIDER

Your therapy will be provided by Lisa Shrewsbury, who is licensed as a Marriage and Family Therapist by the State of California, and holds a master's degree in Marriage and Family Therapy.

THERAPEUTIC PROCESS

Participation in therapy can have many benefits. It can help you learn new and important things about yourself and more effective ways of dealing with the challenges you are facing. Working toward these benefits, requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. Remembering unpleasant events and becoming aware of feelings attached to those events can be difficult. Growth and change will sometimes be easy and swift and at times can be slow and even frustrating. While there are no guarantees, coming to therapy should help you feel better and produce beneficial results. I am committed to support you in this process and do my best to help you reach your goals. It is important to address any concerns you have regarding your progress in therapy with me.

CONFIDENTIALITY: All information and records obtained in the course of treatment are confidential and will not be released without your written permission except where disclosure is required by law. Exceptions are:

- When your therapist has reasonable suspicion of abuse or neglect of an elderly or dependent adult or a child.
- When a client presents a danger or threat of suicide or harm to oneself or to others, or is gravely disabled. This includes being informed by a family member that the client presents a danger to others.
- Instances of knowingly downloading, streaming, or accessing any medium in which a child is engaged in an act of obscene sexual conduct or any other form of child pornography.

- Certain legal situations, such as a court order, a court-ordered evaluation, or if you place your mental status at issue in litigation.

APPOINTMENTS & FEES: The fee for a standard session is currently $200.00 per clinical hour for individuals (approximately 50 minutes). Payment may be made by cash, check or credit card (including FSA and HSA cards) and is due at the beginning or end of each session. There will be a $25 charge for returned checks. When longer sessions are warranted, fees will be pro-rated on a per minute basis. Additional professional services including written reports, letters and telephone conversations exceeding 10 minutes will be billed at a pro-rated fee. Fees are re-evaluated annually at a minimum. When a fee increase is deemed necessary, you will be given a 30-day notice prior to it taking effect.

RECORD KEEPING: All records are maintained in a web-based, encrypted, secure HIPPA compliant system. As with any method of record keeping, every precaution is taken to protect privacy, but there are no guarantees. You can learn more about the safety precautions here:
https://www.simplepractice.com/security/

REQUEST FOR RECORDS: A written copy of your records are available with a written request from you or an authorized agency. At times, it might be more appropriate to provide a treatment summary, which will be determined by your therapist. Otherwise, a fee of $10 and $.25/page will be incurred for photocopies.

CANCELLATION POLICY: Your therapy time is specifically reserved for you. In order to honor your needs and the needs of other clients, a minimum of 48 hours notice is required for cancelling an appointment. The full fee will be charged for sessions missed without such notification.

INSURANCE: Upon your request, a statement will be provided for you to submit to your insurance company for reimbursement. If you choose to seek reimbursement for your therapy, a diagnosis will be included in the receipt and will become a permanent part of your medical record.

THERAPIST AVAILABILITY: You may leave a message for me at any time on my confidential voice mail at (408) 865-9468 or (925)480-7157. I cannot guarantee calls will be returned immediately, but will do my best to return your call within 24 hours or by the next business day.

EMERGENCIES: In times of crisis or urgent need, you will be given the earliest appointment available. However, I am unable to provide 24 hour crisis service. If you are experiencing a mental health emergency and I am not available, please call one of the following emergency numbers: 988, 911; Suicide and Crisis Services at 855-278-4204, or go immediately to the emergency room of the nearest hospital.

OUT OF OFFICE POLICY: I am committed to provide you with the best therapeutic treatment within my ability. In order to stay sharp and care for your needs optimally, it is my practice to take regularly scheduled time off throughout the year for ongoing professional development and personal self-care. At times, this may necessitate rearranging my work schedule. If I am away for more than a few days, I will inform you and arrange for another therapist to be available in my absence if needed.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media. If you prefer to communicate via email for issues regarding scheduling or cancellations, I will do so. While I do my best to return messages in a timely manner, immediate response cannot be guaranteed and request that you do

not use these methods of communication to discuss therapeutic content and/or to request assistance for emergencies.

TERMINATION POLICY

The termination process is an important part of therapy. The appropriate length of the termination depends on the length and intensity of the treatment and progress you achieve. If at any point during psychotherapy it becomes evident that you are not benefiting from treatment or are not consistently engaged in the process, I will discuss with you treatment alternatives, including termination. You have the right to terminate therapy any time at your discretion. If you choose to do so, and if appropriate, I will offer to provide you with names of other qualified professionals or resources.

When the decision has been made to terminate therapy, it is generally recommended that at least one session is scheduled to process the termination. These sessions are intended to facilitate a positive termination experience and provide an opportunity to reflect on the work that has been accomplished and strategize for sustained and ongoing growth. Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

I/We have read the above Office Policies and Informed Consent for Psychotherapy and Notices of Privacy Practices carefully. I understand them and agree to comply with them:

Client's Name (print) ____

Signature ____ Date ___________________

Client's Name (print) ____

Signature ____ Date _____________________

Client's Name (print) ____

Signature ____ Date _____________________