

CLIENT AGREEMENT:

Welcome to the office of **Denise Roy, Licensed Marriage & Family Therapist**. I have prepared this sheet to give you some information about my office policies.

Fees: My fee is \$180 for each 50 minute session. For couples, my fee is \$270 for a 90 minute session. Fees for longer or shorter sessions are pro-rated by prior mutual agreement.

Payment: All balances are due and payable in full at each session. Fees are payable at each session in cash, by check, or by credit card (VISA /MC). Checks should be written to **Denise Roy, LMFT**. Please discuss, in advance, the need to make alternate arrangements for payment.

Cancellation & Charges for Late or Broken Appointments: There is no charge for cancelled sessions when you provide **24 hours advanced notice**. Otherwise, the full session fee will be charged for broken appointments or late cancellations.

Insurance: At your request, I will mail you a monthly statement that you can use for insurance or tax purposes. You must negotiate with your insurance carrier. However, let me know if you have any problems with acceptance of a claim.

Confidentiality: All consultations and records are confidential. No one will be advised of your participation in counseling unless you specifically request it in writing. The law provides certain exclusions for confidentiality, including:

- **Child Abuse:** When there is knowledge of or reasonably suspicion that a child has been the victim of abuse, neglect, mental suffering or a child’s emotional well-being is endangered.
- **Adult or Domestic Abuse:** When there is knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult.
- **Health Oversight:** When the California Board of Psychology or the Board of Behavioral Science Examiners subpoenas information relevant to a complaint.
- **Judicial or Administrative Proceeding:** In court proceedings and when a request is received about the professional services that have been provided, health information may be disclosed with 1) written authorization or the authorization of the patient’s attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking health information provides a showing that the patient or patient’s attorney have been served with a copy of the subpoena, affidavit and the appropriate notice. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.
- **Threat to Health or Safety:** When a serious threat of physical violence against an identifiable victim is known or reasonably suspected, efforts to communicate that information to the potential victim and the police must be issued.
- **Worker’s Compensation:** When a worker's compensation claim is filed, a report must be provided to an employer, incorporating findings about the injury and treatment, within five working days from the date of the initial examination, and at subsequent intervals as may be required by the administrative director of the Worker’s Compensation Commission in order to determine eligibility for worker’s compensation.

If you request to communicate by email, you release Denise Roy, LMFT from liability of lost and/or misplaced emails and emails that may be read by others. Please initial the appropriate line:

___ I **DO** want to communicate via email ___ I **DO NOT** want to communicate via email.

I have read the above statements and agree to treatment under these conditions.

Signed _____ Date _____

Therapist _____ Date _____