

## Welcome To Counseling

Thank you for giving me the opportunity to work with you. I feel certain that you have made a good decision in coming here and I hope that your experience will be a positive one. This form is a general information form, as well as a service agreement between the clinician, Meg Kaufman, MFT, license #30019, and you.

**SERVICES-** Services offered include: individual, child, teen, couple and family psychotherapy. Specific approaches to be used will be in accordance with your request and my professional judgment. Self improvement is your responsibility as a client, and therefore, there is not guarantee as to specific results

**FEE STRUCTURE-**It is customary to pay for professional services at the time they are rendered unless prior arrangements have been made. Checks, cash or Zelle payments are accepted.

**TELEPHONE TIME-**the regular fee per minute after the first five minutes. Since emailing is not confidential, it is best used for making and cancelling appointments.

**APPOINTMENTS AND CANCELLATIONS-**My services are by appointment only and can be made over the phone, by email, or at the end of the session. I am in the office Tuesday, Thursday and Saturday, and work on a first come, first served basis. Since an appointment reserves time specifically for you, a minimum of 24 hours is required for rescheduling or cancellation of an appointment. A \$50 fee will be charged for sessions missed without such notification. If you are late for your appointment the session will end at the usual time.

**CONFIDENTIALITY-**All information between the counselor and the client is held strictly confidential unless:

1. The client authorizes release of information with his/her signature
2. The client presents a physical danger to self or others
3. Child or elder abuse or neglect is suspected

## **CONFIDENTIALITY FOR COUPLES, FAMILIES AND CHILDREN**

1. I have found that it is important that your children believe they can trust me to keep their confidence. Therefore, I will not be able to give you specific information relating to what your child tells me unless I believe your child's life is in danger. Instead, I may request that you try certain approaches in working with your child, based on what I learn from your child's session with me.
2. In working with couples, I have a "no secrets policy." If you tell me information which I believe is important for the other family member to hear, I will encourage you to deliver that information and I will help you with this communication

## **CONFIDENTIALITY**

If you intend to submit a bill to your insurance for reimbursement, I will provide you with a statement and/or receipt. However, your insurance company may require that I include some information which affects confidentiality. It is your responsibility to seek reimbursement.

Please note, as a protection of confidentiality, I do not involve myself in legal proceedings, except as required by law. This includes both written and verbal communication.

In the event you bring up your counseling as an issue in a legal battle or custody dispute, the court may subpoena me/and your records. Please consult with an attorney and with me before doing this as it may not be in your best interest to have your entire file made public. Also, even if I wish to protect you, under cross-examination, some attorneys can use innocent material to undermine your position.

I understand and agree to the counseling policies outlined above. Please sign and date one copy and take an additional copy for your records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_