

Sheri Russell, MS, MFT
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(408) 710-2001, Fax (408) 848-0015

Policies

CLIENT'S INFORMED CONSENT: I am choosing to receive counseling services from Sheri Russell, MS, MFT. I understand the named therapist is an individual practitioner engaging in a private practice business. My choice is voluntary and I understand I may terminate counseling services at any time. I understand there is no assurance I will feel better. Because therapy is a cooperative effort between the therapist and myself, I will work with the therapist in a cooperative manner to resolve my issues. I understand that during the course of my therapy, material may be discussed which will be upsetting in nature and this may be necessary to help me resolve my issues.

CONSULTATION: I understand my therapist may seek consultation with another licensed professional to provide me with and assure the best possible treatment.

CONFIDENTIALITY: All information between the therapist and client is held strictly confidential unless: 1) The client authorizes release of information with a signature, 2) the counselor is ordered by a court to release information, 3) the client presents a physical danger to self or others, or 4) child or elder abuse or neglect are suspected. In cases 3 and 4, therapist is required by law to inform potential victims and legal authorities so protective measures can be taken.

MINORS AND CONFIDENTIALITY:

Communications between therapists and clients who are minors (under the age of 18) are *confidential*. However, parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. Consequently, therapist may discuss the *treatment progress* of a minor client with the parent or caretaker, but not details that would decrease trust between the minor and therapist. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic.

FEES: The fee is \$135 per 50 minute session. Fees are to be paid at every session. Special financial arrangements will be determined during the first session, thereafter upon request. Payments are to be made by cash or check. Checks returned by the bank will result in a \$25.00 processing fee. Insurance will be billed as a courtesy. If insurance is not in effect, client is responsible for fees. Client is responsible for all copays and deductibles.

CANCELLATIONS: If for any reason an appointment needs to be cancelled, please call at least 24 hours in advance. If no notice or less than 3 hours notice is given, I understand I will be charged \$75 for the missed session.

I have read the client policies, understand its content, and agree to the conditions stipulated.

Printed Name

Signature

Date