

Ann Cunningham, M.A., LMFT 90583

Licensed Marriage and Family Therapist

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Confidentiality

Your privacy is protected under the guidelines of confidentiality. Your records will remain confidential and the sessions will not be discussed with anyone without your expressed written permission, unless the law requires it, such as in cases of: 1) danger to yourself, 2) physical danger to others, and 3) known or suspected child, elder or dependent adult abuse.

Fee

My fee for a 55-minute counseling session is \$_____. Each additional 30 minutes will be charged at the rate of \$_____. The client and the therapist are expected to begin and end appointments on time.

Fees are due and payable at the beginning of each session unless other arrangements have been agreed upon in advance. I accept credit/debit cards, cash or checks made payable to Ann Cunningham.

Cancellation Policy

My policy is to charge my full fee for the session unless I receive at least 24 to 48 hours cancellation notice. When I am scheduling, I am reserving a time specifically for you, and it is very difficult to fill on short notice. If you have any special circumstances or reasons you may not be able to work within these perimeters, please let me know in advance. Emergencies such as sudden illness of you or a child or other emergencies will be considered.

Since I do not carry a pager, I am not available for emergencies of an immediate nature. In choosing to work with me, it is important that you fully understand this. If you do not have a friend or family member available in an emergency, you can call 911 or Sutter Center for Psychiatry Call Center at (916) 386-3077.

I have read the above statements and agree to these terms as evidenced by my signature below:

❖ Client Signature _____ Date _____

❖ Client Signature _____ Date _____

❖ Parent/Legal Guardian on behalf of minor _____ Date _____

❖ Minor's Name _____

❖ Therapist Signature _____ Date _____