

Patrea Miller, MFT

100 E Street, Suite 305, Santa Rosa, CA, 95404

PLEASE READ and COMPLETE THIS FORM

Counseling Agreement and Fees

This document provides you with information regarding what to expect from counseling. It is important that you understand the following information and please ask questions if concepts are unclear.

My fee structure is \$100/hour individual therapy and \$120.00/hour couples or family therapy. Payment is due at the end of each session. If for some reason you find that you are unable to pay for your therapy, please inform me prior to session so we can discuss alternative options.

Confidentiality

All communications between you and I will be held in confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

There are exceptions to confidentiality. Therapists are required to report instances of suspected child or elder abuse or abuse of dependent adults. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, I participate in consultation groups to process and discuss cases. In discussing cases, I will not reveal identifying information.

Attendance and Cancellation Policy

Your counseling appointment will be scheduled on a weekly basis unless otherwise established. Your session will last 50 minutes. It is critical to the success of your therapy you arrive on time and attend scheduled appointments. There is a 24-hour cancellation policy which means you are **financially responsible for your cancelled appointment if you do not contact your therapist within 24-hours of the scheduled appointment.**

Contacting me and Emergencies

You may leave confidential voice messages for me by calling **707-235 7760**. You can generally expect a return call within 24-hours. I generally do not return calls on Saturday and Sunday. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. If you are in a psychiatric emergency situation, the Sonoma County Psychiatric Crisis Intervention line is 707/576-8181.**

Termination

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, we can discuss your treatment alternatives. Treatment alternatives may include referral, changing your treatment plan, or terminating your therapy. When it is decided that your therapy will terminate, please allow for a final session in order for you and I to reflect on the work that has been done.

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(707) 235 7760 • patrea@patreamillermft.com

CLIENT NAME: _____

MAILING ADDRESS: _____

CONTACT NUMBERS: _____

DATE OF BIRTH: _____ AGE: _____

EMERGENCY CONTACT: _____

REFERRED BY: _____

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Please ask your therapist to address any questions or concerns that you have about this information before you sign.

Name of Client

Date: ____/____/____

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