Amy Bell, M.S., M.A.
Licensed Marriage Family Therapist 82448
2220 Fifth Avenue San Diego, Ca 92101

Client Information Form

1. **Appointments and Cancellations**: Appointments are generally made on a regular, weekly basis and your hour is held for you from week to week. The usual length of a therapy session is 50 minutes. In the event you are unable to keep your appointment, you must cancel within at least 24 hours or you will be charged for your appointment. If you cancel within less than 24 hours notice, or simply do not appear for your appointment, you will be held responsible for your full fee. Your insurance does not cover missed session charges. Payment for sessions is collected at the end of each session, and if requested, a bill will be provided for you at the end of each month to submit to your insurance company for reimbursement. Payment is accepted in the form of cash or check, with checks made payable to Amy Bell. There is a $15.00 service charge for all returned checks.
2. **Messages and Emergencies**: You can leave confidential messages on my private voicemail (760) 815-4583, which I check throughout the day. If your call is urgent and you have not heard back from me in sufficient time, please call the crisis line at (888) 724-7240. If you are experiencing an emergency that may threaten the safety of yourself or someone else, please call 911, or go to the nearest emergency room.
3. **Confidentiality**: Everything that is discussed in therapy is held confidential. No information can be released unless you sign a release of information form. The law states that there are two exceptions to confidentiality, and the following must be reported to the appropriate authorities:
   a) **if you disclose to your therapist that you intend to inflict bodily harm to yourself or another person.**
   b) **if you disclose to your therapist physical or sexual abuse of a minor child, or severe neglect of a minor child, or physical abuse of an elder or dependent adult.**
4. **Termination**: When you and/or your therapist decide that treatment goals have been met, or that a referral to another therapist would be beneficial, a few sessions about ending treatment will be scheduled to facilitate this process.

If I am using insurance or requiring a summary bill, I authorize the undersigned therapist to release any information regarding my treatment to my insurance company and/or to their billing agency.

Agreed Upon Fee:_____________

I have read and understand the above information.

____________________	_____________	__________________	______________
Client	Date	Therapist	Date