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INFORMATION AND AGREEMENT FORM

Welcome to my practice. Therapy is a process of gaining awareness into what motivates thoughts, behaviors and feelings. Many of the people who come to see me are seeking help with relationships, work or family issues that are causing distress in their lives.

Therapy can be a difficult and sometimes painful process that requires hard work. It is not uncommon for people to feel sad, angry or otherwise upset as they examine their problems and their lives. You may find that close personal relationships are disrupted as a result of your work in therapy. I believe that therapy can help people make positive changes and find solutions to their problems, but I cannot guarantee that you will achieve the goals you choose. The length of your treatment will depend greatly on your goals, however, after three or four sessions I will be able to discuss with you my understanding of your situation and what is involved in treatment.

Before beginning it is important to clearly establish the business policies that are involved in our working together. Please take the time to carefully read this document and let me know if you have any questions or concerns.

1. **Session time:** A standard session is 50 minutes. Other arrangements can be made in advance and you will be charged accordingly.
2. **Fees:** The fee for each session is \$_____. Fees are collected at the beginning of each session. Payment can be made using cash, check or credit card. I will provide reasonable notice of any fee increases.
3. **Cancelled Appointments:** Please provide at least 24 hours advance notice of your intention to cancel or reschedule. If you cancel with less than 24 hours notice, you will be charged for the session. Insurers do not pay for late cancellations. Therefore if you are using insurance to pay for therapy, you will be personally responsible for the cost of sessions that are cancelled with less than 24 hours notice.
4. **Missed Appointments:** Your session time is reserved especially for you. If you do not attend, you will be charged for that session. Insurers do not pay for missed appointments. Therefore if you are using insurance to pay for therapy, you will be personally responsible for the cost of missed appointments. Please provide a current credit card to be used in the event you miss an appointment. The fee for the missed session will be applied at the time of the missed session.

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5. **Telephone Calls:** I am not available 24 hours to take phone calls. However, I check my voice mail for messages frequently and will return calls expediently. In times of crisis, I am happy to give you the next available appointment or assist you in arranging for emergency care. In periods of need, I am happy to speak with you briefly by phone, for up to 15 minutes. If longer telephone consultations are agreed upon, you will be charged accordingly.
6. **Confidentiality:** You have the right, subject to certain limitations noted below, to expect that what we discuss in therapy will be kept strictly confidential. You have the authority to waive confidentiality with respect to certain persons or institutions, and if you wish to do so I will ask that you sign a written release form. You may withdraw this waiver at any time.
7. **Limitations to Confidentiality:** I am required by law to report suspected child, elder or dependent adult abuse. I may also be obligated to disclose confidential information if, in my judgment, I determine that you appear to be a danger to yourself or others. Your confidentiality may also be limited by a court order mandating disclosure of certain information. If you use insurance to pay for therapy, your insurance company has the right to access information in your records.
8. **Consultations and Report Writing:** There is an extra charge for these services.
9. **Ending therapy:** You have the right to end therapy at any time, however, it is in your best interest to schedule a final session when you are ready to end. In the event you do not pay your fees, I may have to terminate treatment and refer you to another therapist or agency.

Please indicate by your signature your understanding and acceptance of these policies.

Client Date

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