

*Scott Wood, Licensed Marriage and Family Therapist (81808)*  
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**OFFICE POLICIES & PROCEDURES**

1. CANCELLATION: I understand that I will give a minimum of 24 hours notice if I have to cancel or change a session. If I do not cancel within 24 hours, then I will be charged for the session I missed.
2. FEES: I understand the fee for a 50-minute psychotherapy session is \$180. Reduction in fees is considered in some cases. Payment is to be made in full at the beginning of each session in the form of cash, credit card, or personal check.
3. INSURANCE: I understand that the therapist does not do insurance billing. It is the client's responsibility to submit claim forms for reimbursement to their own insurance company. The therapist will supply a suitable receipt. If your insurance denies payment of any service, payment of services is your responsibility.
4. PHONE SESSIONS: I understand that any phone sessions are charged at the same rate as individual counseling.
5. RETURNED CHECKS: Therapist will require a \$25 fee (in addition to the original amount) for any returned checks.
6. CONFIDENTIALITY: If you are an adult, anything you do or say in the context of psychotherapy is confidential with these exceptions:

- a) If you are behaving in a way that poses a threat to the life of another person, confidentiality must be broken. We are bound by law to contact the person(s) involved as well as the police and warn them of possible harm or danger.
- b) If you are using confidentiality as a means of avoiding legal punishment, confidentiality must be broken. That is, psychotherapists may not aid or abet committing a crime. The Patriot Act 2001: Health information may be disclosed to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- c) If a counselor believes a client is in danger of harming herself/himself or is gravely disabled the counselor can break confidentiality in order to protect the client from harm.
- d) If the counselor suspects any instance of child or elder abuse, he is legally required to report this to the proper authorities.
- e) Cases may be discussed with other colleagues for the purpose of benefiting the therapeutic process. When videotaping is recommended, this will be discussed with the client.

A Release of Information Form signed by you is required before we will send records to or request records from other health care providers. The exception is in the case of a delinquent account. Financial information can be forwarded to a collection agency, but we hope that would never be necessary.

DATE \_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_

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