

Catherine Morris, MFT
MFC 36386
Psychotherapy for Couples, Individuals and Families
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Information and Consent Form

Fees: Fees are for services rendered. Payment is required at each session. You may pay me with a check, cash or credit card. If you would like to bill your insurance company for reimbursement, please ask me for a statement which you can then submit.

The pre-arranged fee for a *55-minute session* is: \$ _____ (\$ _____ credit card).

An extended *90-minute session* is available for a fee of \$ _____ (\$ _____ credit card).

Checks should be made out to Catherine Morris MFT. If a check is returned for insufficient funds, you will be charged a \$10 service charge.

Phone sessions: Though not recommended, phone sessions are sometimes necessary. I will gladly arrange for a phone session after we have established a relationship and it is appropriate to do so. Please note: due to the nature of the work, I do not do phone sessions when I work with couples.

Cancellations: Your appointment time is reserved exclusively for you. *You will be charged for any missed sessions unless you cancel at least 48 hours before your appointment time.*

Confidentiality: All information revealed in sessions is strictly confidential, with the following exceptions:

1. The client presents a physical danger to self or is suicidal. The therapist is obligated to take action to protect the client from harm at a level consistent with the threat to client well being. This may include hospitalization, even against the client's wishes, notification of family, friends, or others in a position to provide meaningful support.
2. The client presents a serious threat of physical danger to others. The therapist is obligated to inform potential victims and the appropriate authorities.
3. When child or elder/dependent adult abuse or neglect is suspected. In these cases the therapist is mandated by law to inform legal authorities so that protective measures can be taken.
4. The client gives written authorization for release of information.
5. The therapist is court-ordered or subpoenaed to release information.

E-Mail: You are welcome to contact me via e-mail if that is convenient for you. I will respond to your e-mail as promptly as possible. Please note: I will not do any type of therapy via email so please use it for communication about scheduling or to update me about a specific issue only.

Telephone Calls: I may not be available to take your call directly. Please leave your name, phone number and a message and I will return your call as promptly as possible. If your call is an emergency, leave a message, then call 911, or your local crisis hotline (located in the front section of your phone book).

I will inform you in advance if I plan to be unavailable for a session or on vacation. I will arrange for coverage by another therapist and will provided you with their name and phone number. You are encouraged to call that therapist if an urgent issue or crisis arises during my absence.

If you have any questions, please feel free to discuss them with me.

Signed _____ Date _____

Signed _____ Date _____