Catherine Morris, MFT MFC 36386 Psychotherapy for Couples, Individuals and Families 650 289-9972

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Information and Consent Form

Fees:	Fees	are for	r services	rendered.	Payment is	required at	each session.	. Y	ou may pa	y me wi	th a check	k, cash	or
credit	card.	If you	ı would li	ke to bill y	our insurance	ce company	for reimburs	sem	ent, please	ask me	for a state	ement	
which	you (can the	n submit.	,					_				

The pre-arranged fee for a <i>55-minute session</i> is: \$ 300	
An extended 90-minute session is available for a fee of \$	400

I am using Venmo for payment at this time. My id is Catherine-morris-4. Please set your preferences to private.

<u>Phone/Video sessions:</u> Because of the current COVID-19 situation I am conducting all sessions remotely using Doxy.me/morrismft. If need be we can arrange for a phone session using FaceTime.

<u>Cancellations:</u> 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 <u>a serious threat of physical danger to others</u>. 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.

<u>Telephone Calls:</u> 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. Please e-sign below.				
Signed	Date			
Signed	Date			