

BEACH PSYCHOTHERAPY
1767 Grand Ave. #4 * San Diego, CA 92109

NAME: _____ DATE: _____
ADDRESS: _____ PHONE (W): _____
CITY: _____ ZIP: _____ PHONE (H): _____
REFERRED BY: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ DOB: _____ SS#: _____
EMERGENCY CONTACT: _____ PHONE: _____

1. Fee: The fee for a 45-50 session is \$____, for a 75 minute session it is \$____ and is due at the beginning of each session. The fee is subject to increase each year. MAKE CHECKS OUT TO BEACH PSYCHOTHERAPY.

2. Qualifications: _____ is a licensed ____ MFT, ____ LCSW, ____ Psychologist. **3. Therapeutic Relationship:** The general goal of therapy is the desired change presented to the therapist by the client. Whereas the client relies upon the therapist through her education and experience to assist in change, the therapist, in turn, relies on the client to solely provide the motivation for that change. During the course of psychotherapy, material discussed may be upsetting in nature and this may be necessary to help resolve problems. There is no assurance that you will feel better. However, your experience will be greatly enhanced by your receptivity, your participation, and your commitment.

4. Cancellation Policy: If you are unable to keep your scheduled appointment, kindly notify this office 24 hours in advance. If no 24 hr. notification is received, you will be charged for the appointment. Insurance companies do not pay for missed sessions so you will be personally responsible.

5. Insurance: Any insurance that you have is a contract between you and your insurance company. Insurance policies vary greatly. Many of them have a specific deductible per year; some will only pay a certain percentage of the total charge; and some do not cover any psychological services. In submitting this statement to your insurance company I may be required to divulge certain information about you and our work together.

6. Emergency Situations: Your therapist is available for emergency calls between 7 am & 8 pm. In the event s/he is unavailable, emergency situations can be handled by calling the Crisis Team at 1-800-479-3339, 911 or a hospital near you.

7. Confidentiality: By law, you are given the right to have your communication with your therapist kept confidential and private. There are three major exceptions when the law requires that confidentiality be broken: (1) intended homicide, (2) intended suicide, and (3) any indication of child abuse, dependent adult or elder abuse by anyone. In addition, if your are suing someone, being sued, or charged with a crime and you tell your attorney or the court that you are in therapy with me, I may be ordered to show the court my records.

8. Phone Calls: Phone conversations may be needed at times in our therapy. There is no fee for phone conversations under 15 minutes. Phone conversations lasting more than 15 minutes will be prorated according to our agreed upon session fee.

“I have read the above information, I understand the information that my
therapy will proceed according to these guidelines and I agree to abide
by these financial agreements.”

(Client's Signature)