

Maureen R. Johnston, MA

Licensed Marriage and Family Therapist
#31776, November 1994
Associated Counselors of Silicon Valley
1101 S. Winchester Blvd., A-101
San Jose, CA 95128
(408) 871-9180

OFFICE POLICIES AND PROCEDURES

The best therapeutic care can only be provided on the basis of mutual understanding and respect. Please read the following policies and procedures, and discuss with me any questions you may have.

Confidentiality: All communication that occurs in session is confidential for adults, adolescents, and children. The only exceptions to this are when I reasonably believe:

- A. There is a suspicion of an incident of child abuse or neglect, past or present.
- B. The client's behavior is judged to be a threat to him/herself, or to others.

Fees and Payment Plan: Unless arranged otherwise, we will meet once a week for a 50 minute session. Please be prepared to pay the agreed upon fee, _____, for your session at the time of service, unless prior arrangements have been made. To make the most efficient use of your sessions, please have the cash or your check prepared when you walk into my office.

Phone, Off-Site Consultations and Written Reports: Telephone conversations lasting longer than 15 minutes, off-site consultations and/or written reports/emails will be charged at the standard fee, pro-rated according to time spent.

Cancellation/No Show Policy: *48 hours notification* is required for any cancellation or change in appointment time. You will be charged your regular fee if I do not receive notice at least 48 hours in advance.

Insurance Coverage: Many insurance companies provide coverage for psychotherapy. If you like, you may receive a statement at the end of each month to submit to your insurance carrier.

* If I am receiving payment directly from your insurance company, and they withhold payment, you will be expected to pay what I would have received from them. Insurance does not pay for missed appointments, therefore you will be charged at their reimbursement rate if I have not received 48 hours notice.

Your signature below indicates you have read and agreed to the above conditions. If requesting therapy for a minor, your signature certifies that you are the parent, or have legal authority to request such services.

I, (please print your name) _____ have read and understand the above information.

Client's signature _____ Date _____

Therapist's signature _____ Date _____