

## OFFICE POLICIES

### The Nature of Counseling

The relationship between the client and psychotherapist is unique and special. This means that there **can be NO dual relationships** (i.e. being friends, attending functions together, bartering for services, etc). **This is mandated by the ethical code of my profession.**

Our first few sessions together will be an evaluation period as we get to know each other and understand the issues that brought you here. We then discuss treatment options and recommendations. The counseling process can be intense and painful. Sometimes clients feel worse before they feel better.

Group counseling adds another dimension, in that other members may discuss or do something that brings up painful issues for other group members. That is both the gift and the risk of group counseling.

The goal of couples counseling is to help couples improve their relationship. However, separations or divorces do occur despite, or as a result of, couples counseling. When I work with a couple, I will keep **no "secrets"** from either partner.

Lastly, referrals to other professionals (doctors, psychiatrists, etc.) may be required, and refusal to comply with my referral **may require me to terminate** our therapy relationship.

### Fees

Individual or Couples: \$120.00 per 50-minute session. \$180.00 per 80-minute session.

Groups: \$65.00 for 2 hours, 6 members max per group.

Most of my professional time is billed at a rate of \$120.00 per hour, including preparation of reports or letters on your behalf. Testimony at depositions or in court is billed at \$240.00 per hour plus travel expenses. *Phone calls in excess of 10 minutes duration will be billed for whatever fraction of an hour.*

### Payment

Full payment is due at the beginning of each session. Please pay cash or make out your check to Linda Paoli before the session begins. Credit or debit card payments are also accepted.

### Outstanding Balances

I prefer to run a "payment at time of service" practice to avoid dealing with the extra overhead of billing clients. However, should an outstanding balance arise (i.e. "I forgot my checkbook", or "I forgot we had an appointment"), the payment **must** be paid before or at the following session.

There is a \$20.00 fee in addition to the original check charge for all checks returned for insufficient funds. After 90 days with no payment or effort to make a payment arrangement, accounts may be turned over to the Retail Credit Association (RCA) for collection, which may adversely affect your credit rating.

### Insurance

I can give you a superbill for reimbursement through your insurance; I am not on any insurance panels and do no direct insurance billing. **I must give you a diagnosis for you to obtain reimbursement.** You may understandably elect not use your insurance to protect your confidentiality.

### Odds & Ends

I'll come and get you at the beginning of your appointment. Your time ends at ten minutes before the next appointment. I use this time to return phone calls and take a short break. Please be on time.

I generally have coffee, tea and water available. There is a bathroom for your use in the entrance hall.

### Confidentiality

Confidentiality will be maintained unless you have signed a written release of information to a specific individual or agency.

The following are exceptions to confidentiality between therapist and client in California:

1. If you disclose that you are suicidal, and after clinical assessment, it is deemed that there is a serious concern for your safety, your therapist is required to ensure you are safe by calling the police, hospital or family member, etc.
2. If you disclose that you are homicidal, and after clinical assessment, it is deemed that you are of imminent homicidal threat to an identified potential victim, your therapist is required to and has a duty to warn the potential victim and contact the police.
3. If you disclose that you have abused any person 65 or older or a dependent/vulnerable adult, your therapist is mandated to report the abuse to Adult Protective Services.
4. If you disclose that you have abused or neglected a minor (defined as any person under the age of 18), your therapist is mandated to report the abuse or neglect to appropriate state agencies.
5. Effective as of January 1, 2015, if you disclose that you have downloaded, streamed or accessed images of a minor engaged in an act of obscene sexual conduct, including child pornography, your therapist is mandated to report that disclosure to appropriate state agencies. **This means that if you disclose to me that you or anyone you know has viewed child pornography or other images of obscene sexual conduct involving a minor, I**

**am obligated by state law to report your disclosure to appropriate state agencies.**

Initial \_\_\_\_\_ Date \_\_\_\_\_

***Your signature below signifies that you understand and agree with the limitations of confidentiality.***

I may decide that consultation with a colleague will help in your treatment. In the latter situation, your name will not be used.

**Regarding group therapy:** All participants are asked to maintain confidentiality, **but I cannot guarantee that.** By deciding to join a therapy group, you are deciding to take that risk.

***Your signature below signifies that you understand and agree with the limitations of confidentiality.***

### Appointments

At the end of our first session, we will make appointments for further sessions. Appointments times are available from 9:00 a.m. to 6:00 p.m. on Tuesdays, some mornings and 7:15 p.m. on Wednesdays, 9:00 a.m. to 1:30 p.m. on Fridays. Tuesday group is from 7:00 to 9:00 p.m.

### Cancellation Policy

If you miss an appointment without notifying me or cancel with less than a 48-hour notice, I will charge you my full fee for the time slot. If you call (*no emails please*) before your scheduled appointment and reschedule within five working days, you will not be charged. You will also not be charged if I can fill your appointment slot.

### Phone Calls & Messages

I strive to return calls promptly, but there can be unavoidable delays. Please leave your phone number with each call. If you have left an urgent message and I have not answered within two hours, please call the Family Services Life Line at 916-368-3111 to get support from friends/family until I can reach you. If you have a physical or psychiatric emergency, contact the nearest hospital emergency room. For psychiatric admissions and evaluations, my clients usually use Heritage Oaks Psychiatric Hospital at 916-489-3336.

**Weekends, Holidays & Vacations**

On weekends and holidays, I check phone messages between the hours of 9:00 a.m. – 7:00 p.m. If I am out of town or on vacation, I will have another therapist checking my messages and returning your call if I am unable. If I suspect that you may be calling while I am away, I will advise that therapist of pertinent facts about you.

**Your signature below signifies you are granting permission for such sharing of information.**

**Notice of Termination**

You are not obligated to see me for any specific number of sessions. **It is important, however, to give me one session's notice should you wish to discontinue treatment.** What I want to avoid is a situation where you cancel and then do not reschedule without an explanation. A clean ending will be important for the both of us.

**I understand and agree to the terms specified above:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**