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Client Information and Consent to Enter Treatment

Welcome to my psychotherapy practice. Therapy is a unique opportunity to address issues and behavior within a relationship that is studied by both of us. Family therapy is an opportunity to learn your system of origin and the current system of relationships in your family. Your participation will determine the depth and length of the process, which you may find difficult or creative or strengthening.

Confidentiality

The information discussed in therapy is confidential and will only be released with your written permission. The few exceptions to this are my legal obligations to report the following: child, elder or dependent adult abuse; a serious threat of violence to another person; if you are in danger of harming yourself. I may receive permission from you to discuss or document our work with a third party, such as an insurance company or another health care provider. I may also discuss our work in professional consultation.

Dual Relationships

Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment or therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Your community in the Bay area is a small community and many clients know each other and me from the community. Consequently, you may bump into someone you know in the waiting room or into me out in the community. I will never acknowledge working therapeutically with anyone without his/her written permission.

Many clients choose me as their therapist because they know me before they enter into therapy with me and/or are aware of my stance on the topic. Nevertheless, I will discuss with you, my client/s, the often-existing complexities, potential benefits and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to me if the dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback.

I will discontinue the dual relationship if I find it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct me only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier. I have no control or knowledge over what insurance companies do with the information I submit or who has access to the information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported sold, stolen or accessed by enforcement agencies;

therefore, you are in a vulnerable position. I plan to notify you verbally and in written form in the event of any breach in confidentiality that is not authorized.

Appointments

It is important for the continuity of therapy that you come to all sessions. Because your appointment time is reserved exclusively for you, I have a 24-hour cancellation policy. In other words, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. You will be charged the full fee for a missed session or a session canceled with less than 24 hours notice. I encourage you to let me know of any upcoming absences when you become aware of them. Sessions are fifty minutes long, unless we agree otherwise.

Fees

Payment is due at the beginning of each session by cash or check. Fees are reviewed annually and may be raised a small amount per year. I encourage you to discuss any financial concerns or hardships as soon as they come up, so we can review our agreement accordingly.

Date of first appointment: _____ Day and time of appointment: _____ fee:
\$ _____

Availability

Please call my office if you need to reach me for any reason. I encourage you to contact me if you are having an emotional crisis, and to schedule an office appointment to discuss important issues. Phone contact that extends beyond 10 minutes may be charged on a pro-rated basis. In the event that you are unable to reach me or have a late-night emergency, you can contact the following services:

- Crisis Hotline: (415) 781-0500
- Call 911 or go to the nearest emergency room

Closure

The decision to bring therapy to a close is frequently a mutual one based on the work we have accomplished. Because our relationship is an important part of therapy, I encourage having some number of closing sessions. Please let me know if you have any questions about this.

By signing below, you acknowledge that you fully understand and agree to the above policies.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____