



Francine Lapedes, MFT
Marriage and Family Therapist
Adult, Couple and Family Counseling
License MFC7414

831-335-4830
474 Fall Creek Dr.
Felton, CA 95018

COUNSELING DISCLOSURE

Before we begin our work together, I would like you to be aware of the following information, and to discuss any questions you may have.

YOUR THERAPIST:

I am a California licensed Marriage, Family and Child Therapist (License # MFT 7414) and have been licensed and in practice since 1974. I am a Clinical Member of, and practice in accordance with the ethical standards of, the California Association of Marriage and Family Therapists.

YOUR APPOINTMENTS:

Sessions are 45 minutes long. This is your time, so plan to arrive on time. If you need to cancel your appointment, you must do so at least **48** hours in advance, or you will be responsible for the full session fee. Please provide longer advance notice whenever possible. Out of consideration for other clients who have environmental sensitivities, please refrain from wearing scented products such as perfumes.

AVAILABILITY BETWEEN SESSIONS:

A 24-hour Voicemail is available at (408) 249-8047. In the event that I cannot be reached quickly, you may consider calling Santa Clara County's mental health center at either 299-6234 or 279-3312. If you wish to leave a message, Friday through Monday, please call me at (831) 335-4830. Phone contact that is not occasional and is not limited to a 5-10 minute frame will be prorated at your regular hourly rate. Phone sessions can be arranged by request. When I am out of town, I will make arrangements for another therapist to cover for crisis calls.

CONFIDENTIALITY:

Everything you share during our sessions is confidential, and will not be communicated to others except under the following circumstances:

- ❖ When you have given written consent.
- ❖ When required by law: If you threaten to harm yourself or someone else, I am legally required to take whatever actions necessary to protect any identified person from harm, including notifying the police. If I have reason to believe that abuse or neglect of a child, elder, or dependent adult has occurred, I am legally required to report this to the appropriate agency. The courts have, in some instances, permitted the use of subpoenas to gain access to a client's records. I will respond to all subpoenas, but will refuse to release record unless ordered to by a judge.
- ❖ When required by your insurance or managed care organization to verify symptoms, diagnosis, and treatment, provided you have signed a release.
- ❖ When required for effective treatment, i.e. sharing of **anonymous** information for consultation purposes.

FOR YOUR PROTECTION:

Business and social relationships between therapist and clients, outside of the therapy setting, are unethical and unacceptable. Sexual relationships between the therapist and client, under any circumstances, are unethical, unacceptable and illegal.

FEES:

Please make checks payable to “Francine Lapidés”. I prefer to take care of payment, scheduling appointments, and any other practical matters at the beginning of the session, so that you may leave the session with your feelings and experience without having to interrupt the process to handle these practical items.

INSURANCE:

Any insurance reimbursement should be set up to be received by you. Insurance coverage varies a great deal and your insurance company will verify the actual benefits and coverage if you call them. The basic questions you might ask include:

1. Whether there is a deductible, and if so, how much remains to be met?
2. What percentage of the fee is covered for outpatient mental health benefits?
3. What are the limits re: number of visits or amount of payment per year or life?
4. Does the insurance require a physician referral?

Insurance companies require that a diagnosis be provided in order for the claim to be processed. If you have concerns about your diagnosis, or your insurance billing, please feel free to discuss these with me. If you require special billing arrangements, a 1.5% charge per month is added for each month the bill is not paid.

OUR WORK TOGETHER:

Beginning therapy is an important choice in your life. It requires a commitment of time, energy, and money. I welcome your questions about my work to help you make the best choice to support your needs. When the time comes to end our work together, I request a minimum of two closing sessions, in order to bring a conscious closure to your therapeutic process.

SOLE PRACTITIONER:

Saratoga Center for Guidance and Growth is a group of sole practitioners who share office space, equipment, and a Voicemail system. It is not a partnership, sole-proprietorship, professional counseling corporation, or any business entity. Please be aware that you are receiving psychotherapy from an individual, not a group; each independent practitioner operates her/his own private practice and does not share revenue with the other practitioners.

I/We, the undersigned, have read and understood this disclosure statement regarding the therapeutic relationship.

Name

Date

Name

Date