

Sabrena Swain, M.A., MFT
Licensed Marriage & Family Therapist
License # MFC 42517

(916) 685-5258 x22
8861 Williamson Dr., Suite 40
Elk Grove, CA 95624

Policies and Fee Agreement

I look forward to providing you with quality treatment. The first step in the treatment plan is to develop a working relationship with you that is free of any misunderstanding. This contract is provided as a clear statement of my policies. It is imperative that you accurately understand each statement below before signing. I will be glad to answer any questions you may have, so please ask.

Confidentiality

Everything that you say to your therapist during treatment is considered confidential. The laws of California and the ethical standards of the profession stress the importance of confidentiality to maximize the conditions necessary for quality therapy to occur.

Limits of Confidentiality – The following situations allow or require the breach of confidentiality.

1. When you sign a form authorizing your therapist to release information to a designated party or to allow your therapist to acquire information from another party.
2. Submitting billing for psychotherapeutic services to your health insurance company or employee assistance program entails signing an authorization to release information. Technically, this allows the company a right to inquire about anything that has occurred during treatment.
3. If you give your therapist reason to believe that you are in danger of harming yourself or another person or you are unable to care for yourself, it may be necessary for confidentiality to be breached in order to contact the proper authorities so that safety may be insured.
4. If you inform your therapist of known or suspected child abuse, elder abuse or dependent adult abuse, state law requires that the proper parties be notified immediately.
5. If your therapist receives a subpoena to appear in court or to provide records of treatment to the court, your right to confidentiality is voided.

Financial Considerations

The regular therapy session is fifty minutes long. My fee is \$110.00 per session. The client is expected to assume full responsibility for the payment of the fee (unless the client is utilizing preauthorized employee benefits). There is a retainer fee of \$500.00 required at the first meeting which will be held and billed against for any no shows or late cancellations as well as any time spent between sessions including but not limited to reviewing case related materials, client and

case related professional phone calls, letters, faxes, emails and preparing reports. The balance of \$500.00 shall be maintained at all times. Therefore, the amount for either the no show/late cancellation fee or other time spent that is billed will be replaced at the next session.

The fee is due at the beginning of each session unless other arrangements have been agreed upon in advance.

In addition to regular sessions, billing will occur for the following:

1. Missing a scheduled appointment without 24 hours advance notice for reasons other than sudden illness or catastrophe. You will be billed for the full fee if you cancel a session with less than 24 hours notice unless your therapist can schedule another client in your time. Neither an insurance company nor any other co-payment source will be billed for a missed session.
2. Phone conversations during regular business hours lasting more than fifteen minutes will be prorated based upon a \$110.00 per hour fee.
3. If the therapist is subpoenaed or requested by you or your legal representative to appear in court or provide a written report or assessment, the fee will be prorated based upon a \$110.00 per hour fee. Time spent in court testimony, at court, in depositions, waiting for a deposition or other case related subpoenaed meetings and case file preparation time shall be charged to the requesting party or their attorney at the above hourly rate of \$110.00 per hour. If the Court, CPS, or other case-related entity requests my appearance, or subpoenas my appearance, the parties responsible for the fees, as noted in this agreement, shall pay all fees related to my time to appear, preparation time and travel time. If I am requested or subpoenaed to appear prior to noon, then an 8 hour minimum fee shall be prepaid. If I am requested or subpoenaed to appear after noon then a four hour minimum charge shall be prepaid. Written notice of the appearance and the appearance fee as set forth, must be received 15 days prior to the requested/subpoenaed appearance. Written notice of cancellation must be received at least five 5 business days prior to the scheduled appearance to avoid incurring the full appearance fee. If the Court subpoena's or calls the therapist to testify, the responsible party identified in this agreement is responsible for my appearance and testimony fees as noted above.

Between Sessions

As your therapist, I strive to be reasonably available when major crisis arise between sessions. It is the client's responsibility to limit crisis calls to legitimate emergencies. You may call the Sutter Center for Psychiatry at (916) 386-3620 if the emergency occurs on a weekend, holiday or during usual sleep hours. I will retrieve my messages from my voice mail several times a day between 8 a.m. and 8 p.m. weekdays.

Promptness

Your therapist attempts to carefully schedule clients in order to begin each session promptly at the appointed time. The session will end at the scheduled time if the client arrives late. If your therapist begins a session late due to her own tardiness, the session will be extended to provide the client with the full 50 minute session. Neither the client nor the therapist is expected to wait longer than 15 minutes past the scheduled time for the start of the session unless there has been previous notice.

Private Practice

Your therapist is the sole practitioner in private practice and is the sole owner. She is affiliated with a group of private practice therapists with common goals and standards that share office space.

The Counseling Process

Please note that the success of counseling depends, in large part, upon the willingness of the client to desire change, share thoughts and feelings honestly, explore behavioral patterns and relational dynamics, and to experiment with alternative ways of perceiving and interacting with others. Initially, as a result of this exploration, it may feel as though “things are getting worse instead of better”. Keep in mind that even though this may be uncomfortable, these feelings are usually temporary and reflect a sign of progress.

I have thoroughly read the above agreement and understand each policy statement, signified by my signature below.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____