

*Joseffa Ann Greer, MFT*

(916) 736-6300

Marriage Family Therapist  
License Number MFC25522

## INFORMATION FOR CLIENTS

You have taken an important step by seeking counseling. Professional assistance can be helpful in clarifying your feelings and looking at more effective ways to deal with problem situations. Since the therapy relationship is a unique one, I would like to provide some information to prevent misunderstandings.

### **TIME**

Unless otherwise agreed, the therapy session is 50 minutes in length.

### **FEE**

The fee, payable at the beginning of each session, is \$150.00 for a 50-minute hour unless other arrangements have been made. It is \$200 for 75 minutes and \$250 for 100 minutes.

### **MISSED OR CANCELED APPOINTMENTS**

Your appointment time is specifically reserved for you. Missed or canceled appointments will incur a charge of the full fee of your appointment unless 24-hour notice is given. You can leave a message on my voice mail 24 hours a day, 7 days a week.

### **INSURANCE**

If your insurance company covers psychotherapy, you are still requested to pay the therapist the full fee at the beginning of each session. At the end of the month, I will provide a super bill to you to submit to your insurance company. Your insurance company will then reimburse you directly. With some insurances, it is required that the therapist bill the insurance company and that the client pays only the copayment at the time of therapy.

### **ADDITIONAL PROFESSIONAL SERVICE**

When complex situations require additional professional services, such as consultations with physicians, attorneys, school personnel, etc., you will be advised of any charges and such services will be obtained only with your consent.

### **TELEPHONE CALLS**

A message may be left on my voice mail at any time. I will return the call at my first opportunity. If your call is not answered within one day, please call again. With any message be sure to let me know your phone number so that if I am away from my office, I can still reach you.

### **DEPOSITIONS AND COURT APPEARANCES**

The fee for depositions and court appearances is \$360 per hour with a minimum of four hours required. This higher fee is to compensate for the unpredictability of the court process.

\* 718 Alhambra Blvd., Sacramento CA 95816 \*  
\* 1133 High Street, Suite D, Auburn, CA 95603 \*

## ***EMERGENCIES***

If you are in distress and need to talk with me between sessions, please leave me a message on my voice mail. I will return your call when I am in the office or when I pick up my messages from home. Also, be sure to leave your phone number even if you think I have it since I do not keep client's phone numbers at home. If you need to speak to someone right away, you can call the Sacramento Mental Health Center at 916-732-3637, CPC Heritage Oaks Hospital at 916-489-3336, or Suicide Prevention at 916-368-3111. These facilities have staff who are available for crisis calls 24 hours a day, 7 days per week. If this is an emergency that cannot wait, dial 911.

If your situation demands unusual or extensive telephone contact between appointments, it will be necessary to charge for this service at a rate of \$150.00 per hour.

## ***INTENT & RISKS***

The intent of psychotherapy is to help a person to change so that they will live their lives in an enhanced way. It is also my responsibility to inform you that engaging in this process, may lead to the worsening of your symptoms, i.e., a person could feel more anxious or more depressed when they talk about their problems.

## **CONFIDENTIALITY**

Whenever possible it is my intention to respectfully honor your trust with confidentiality. Therapists are required by California law to make exceptions to confidentiality. I am required to report to the authorities the following:

- if you threaten physical harm to another person;
- if you reveal that a minor has been neglected, abused, or sexually molested;
- if you reveal that a child under the age of 16 has been the victim of a crime;
- if you report that there has been physical or other abuse to a dependent or elderly adult; and
- if I receive an order from the Court or a subpoena.

Even under these circumstances, I will attempt to discuss with you my disclosure of information.

In addition, there are other times in which I might discuss some aspects of your situation with other colleagues and I ask your understanding and agreement to let me do so. These include:

- if you reveal you are seriously suicidal, and I feel it may be necessary to assist you in making plans for your safety;
- if I will be away, I may have a trusted colleague cover for me and may share information with him/her;
- if I consult with a colleague or consultation group about your situation, in which I will reveal first names only and share only relevant information.

## **CONCLUSION**

While time, money, and other arrangements are important, they are really only important as they improve my ability to help you. I can devote my best energies to helping you if these arrangements are trouble-free and clear. If, at any time, you have further questions about our arrangements, please feel free to discuss these with me. Maximum benefit from therapy can be obtained only in a frank and open atmosphere.

\* 718 Alhambra Blvd., Sacramento CA 95816 \*  
\* 1133 High Street, Suite D, Auburn, CA 95603 \*