



Patricia Reed, MA, MFT 33142
500 E. Calaveras Blvd. Suite 317
Milpitas, CA 95035

Phone: 408 – 262 – 4870

Email: Patricia@NewHopeCounseling.Org

Office Policies

Please review, initial, print, sign and return to counselor

Phone & Emergency Contact

Initial: _____

If you need to contact me, do not hesitate to call me direct at (408) 262 - 4870. If I am not available, you can leave a message on my voicemail and I will usually return the call that day. I do not return calls after 6:00pm or on weekends. You will be charged for phone calls if we have a conversation of an information-exchanging or problem-solving nature that lasts more than 10 minutes. If you cannot reach me in an emergency, you can find help at *Emergency Psychiatric Services* (408) 885 – 6100 or for your local *Police* Dial 911.

Confidentiality

Initial: _____

All information disclosed within sessions or consultations is held strictly confidential and may not be revealed to anyone without a written release of information, except where disclosure is permitted or required by law. Disclosure is required in the following circumstances: 1) When there is a reasonable suspicion of child abuse or neglect, or abuse to a dependent or elder adult, 2) When the patient presents an imminent danger to self or others, or 3) If a judge determines that our discussions are not confidential, a judge may request specific information. ****If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your therapist utilizes a “no secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy your therapist is permitted to use information obtained in an individual session, when working with other members of your family. Please feel free to ask your therapist about the “no secrets” policy and how it may apply to you*

Cancellation of Appointment

Initial: _____

The scheduling of an appointment involves the reservation of time specifically for you. *Cancellations can be made with 24 – hour notice by calling or texting (408) – 262 – 4870.* In the event of a “No Show” or failure to give a full 24-hour notice of a cancellation, you will be charged the full session fee for all late cancellations and missed appointments. Please be aware that insurance companies will not cover cancellation charges. Payments for missed appointments need to be paid before further sessions ensue. Any client that misses two consecutive appointments will be required to assess whether this is the right time for counseling. Counselor reserves the right to make the final determination.

Payment of Fees

Initial: _____

Payment, including copayment, is due each session. Please prepare your payments prior to your session in respect for counselors scheduled time. All charges for therapy are client’s responsibility. I will attempt to bill your insurer based on the information you provide, however, if your insurer does not pay for any reason, you will be billed. Payment must be received within 60 days of receipt of bill. Please request receipt at time of payment. Receipts will be issued via email or standard mail (as requested) within 10 business days.

Therapy Process & Termination

Initial: _____

The length of your treatment and the timing of the eventual termination of treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If your therapist determines that you are not benefiting from treatment, they may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include referral, changing your treatment plan, or terminating your therapy. Counselor does not perform custody evaluations, does not make recommendations regarding custody, and does not prescribe medication or make recommendations about medication.

Signature Patient/Legal Representative: _____

Date (M/D/Y): / /



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