

SOQUEL ASSOCIATES OFFICE POLICIES

Welcome to Soquel Associates. The following items are intended to help you better understand our services as well as our office and financial policies.

It is our privilege to work with you and we value the opportunity you have given us to provide services to you. We promise to act in a professional and ethical manner and to use all the skills at our disposal to help you. We will treat you with respect, understanding and compassion. We always endeavor to facilitate your growth as a whole person and to support your goals in life.

All client disclosures are kept in the strictest of confidence. You can count on the fact that everything you say to your therapist will remain private. If you would like your therapist to consult with your physician, previous therapist, attorney or another person who is important in your life, please ask to sign a "Release and Exchange of Information" form. No consultations will occur without your written permission. The only exceptions to therapist confidentiality are a therapist's legal obligations to report if a client becomes dangerous to him/herself or others, child abuse or neglect and dependent adult or elder adult (people 65 or over) abuse. If you have questions about any of these categories or exceptions, please ask your therapist to explain them in detail.

****NOTE**** If you are working with a Soquel Associates therapist in a Parenting Coordination, Therapeutic Visitation or a Collaborative Law capacity, this is not a privileged relationship. Parenting Coordinators and coaches are not in the role of "therapist" and do NOT have confidential relationships with their clients. Also, because these roles exceed the boundaries of therapy, insurance cannot be billed for these services.

Each therapy hour is 50 minutes long. Please try to be on time for your sessions so that you receive a full 50 minutes of treatment. If you are late, your therapist cannot run over into another client's time. Cancellations (without 24 hours advance notice) and "no shows" are billed as regular appointments and must be paid by clients. Insurance companies do not pay for "no shows." All sessions must be paid for at the time of service, unless you have MHN (HMO) insurance and have pre-arranged your care. All insurance arrangements must be discussed with your therapist prior to your treatment.

All telephone and email time will be billed at the usual hourly rate. It is important to remember that any professional time spent consulting on your case, responding to calls or emails or driving to appointments outside of the office will be charged to you.

We will be happy to mail insurance claims to your carrier for you, or we will provide you with the paperwork necessary to bill your insurance company. Please sign below to acknowledge that you understand that insurance billing requires us to acknowledge your treatment and, in most cases, to provide a diagnosis. It is also important to note that on some occasions, insurance companies do not pay for sessions. If for ANY reason, your insurance company does not pay for your account in full, you are obligated to pay for your account in its entirety.

This form is also an acknowledgement that you are giving Soquel Associates informed consent to treat you. This means that you understand your therapist's training, credentials and experience; that you understand the nature of the therapeutic process; that you understand confidentiality and its exceptions and that you are granting permission for your insurance company to be billed (including information regarding your diagnosis) if applicable.

If at any time you feel dissatisfied or wish to terminate therapy/services, please speak to your therapist about this during your session. Termination is very important to discuss in person and a final meeting should be held to bring closure to the work in which we have shared. If needed or requested, referral to other therapists/professionals will be made.

Thank you for trusting Soquel Associates with your therapy needs.

I understand the above information and have asked any questions that I need to ask to understand the above information fully.

Signed _____ Date _____

