Thank you for selecting me as your therapist. Therapy is a process that may lead to problem solving, resolving grief and loss issues, and/or reaching personal goals. You may experience changes that have benefits and risks, and such changes can affect how you relate to others. Moreover, changes in relationships may occur. Sometimes through the process you may feel worse before you feel better. I trust that you will let me know when you are having unmanageable painful feelings and call 911 or go to the hospital should you be in crisis away from our sessions. I look forward to working with you.

**Office Address:** 1555 River Park Drive, Suite 206P, Sacramento, CA 95815

**Office Phone:** (916) 686-1222 office or (916) 479-5566 mobile

**Confidentiality**

The law and ethics of psychotherapy protect your right to privacy. Information about you will not be released without your prior written permission, except: (1) when there is reasonable suspicion of child or elder neglect or abuse; (2) when there is reasonable belief that you are in danger to yourself or others; or (3) when your insurance company requires a report of your diagnosis, therapy needs, goals, etc. for authorization of benefits and reimbursement for services.

**Permission for Treatment**

I agree to participate in treatment with Karen Giordano-Brenghause, LMFT. This authorization is effective immediately and shall remain in effort for the course of treatment unless revoked by the undersigned at any time.

**Cancellations**

For cancellations, call 24 hours in advance of your scheduled appointment or you will be charged for the session, $150 or the contracted reimbursement fee provided by your insurance, whichever is less.

**Notice**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

**Counseling Standard Fees per 60-minute session**

Counseling and Co-Parenting Counseling: $150

**Forensic Mediation/Evaluations Standard Fees per 60-minute session**

Family Reunification: $175

Private Child Custody Recommending Counseling: $195

Child Custody Evaluation/ 3111: $195

“I agree to the terms and conditions outlined above and agree that I am responsible for payment of services not covered by my insurance provider. I understand that the above conditions and hereby request psychotherapy services.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date