

**Karen Giordano-Brenghause, MS, LMFT**

Licensed Marriage and Family Therapist No. 35077

Private Child Custody Evaluator • Private Child Custody Recommending Counselor • Therapist

---

**Office Policies & General Information Agreement for Reunification Counseling Services**

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are privileged and confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. A brief summary and conclusion report may be required for the courts at the conclusion of reunification therapy.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is appears gravely disabled.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me, Karen Giordano-Brenghause, LMFT. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

Health Insurance & Confidentiality of Records: I do not work with insurance companies for reimbursement for this service. I am only responsible and accountable to you. My loyalties are not divided and there is no conflict of interest.

I consult regularly with other professionals regarding my clients; however, neither clients' names, nor any other identifying information, are ever mentioned. My client's identity remains completely anonymous and confidentiality is fully maintained.

Your Right to Review Records: Both the law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering these exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please leave a message on my business phone 916-686-1222 and your call will be returned as soon as possible.

If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away call Sutter Center for Psychiatry at (916) 386-3077, or the Police/Sheriff's Department (911).

**PAYMENTS & INSURANCE REIMBURSEMENT:** There is a \$1,500.00 retainer required for reunification counseling. Each 60-minute session will be deducted at the rate of \$150.00 per session.