**Nina Raff, LCSW**

San Francisco, CA

LCS15391

[www.ninaraff.com](http://www.ninaraff.com)

Venmo: nina-raff

Zelle: 4153096608

ninaraff@aol.com

**415-309-6608**

**Office Policies and Information**

**Confidentiality**

Everything you tell me is confidential, and I need your written permission to disclose to anyone any information at all about you. There are some exceptions to this, which are to protect anyone in danger. If you are a danger to yourself or others, gravely disabled, or if I reasonably suspect child, dependent or elder abuse or neglect, then by law I must report and take any actions necessary to protect whoever is in danger.

**Health Insurance**

I do not accept Health Insurance, but I am willing to give you a super-bill to submit to your insurance company, who will SOMETIMES pay at some rate for out of network care.

Disclosure of confidential information may be required by your health insurance or employee benefit plan in order to process claims. Only the minimum information necessary will be communicated to the carrier.

**Email and Telephone and Virtual Appointments**

Privacy of email and telephone communication is not fully ensured due to the nature of technology. It is protected as well as possible.

**Litigation**

I will not participate in legal proceedings, nor release records for legal proceedings, except for agreed upon documents such as parenting plans.

**Consultation**

I consult with other professionals for the benefit of my clients; however, the client’s identity is protected during these consultations.

**Emergencies**

If you need to contact me between sessions and are not able to reach me directly at 415-309-6608, she will call you back as soon as possible, almost always within 24 hours. Feel free to email or text as well. If unreachable due to a vacation or other interruption, there will be another therapist available to return your call. If you need to talk to someone right away, you can call 911, or Suicide Prevention at 415-781-4500 or 1-800-273-TALK.

**Payments and Insurance Reimbursement:**

You are expected to pay the agreed upon fee for each session. There is no charge for occasional short, 5-10 minute phone calls or emails. Longer telephone contacts will be charged at the standard rate.

**Cancellation or Missed Appointments:**

Since scheduling of an appointment involves the reservation of the time specifically for you, a minimum of 24 hours notice is required for re-scheduling or cancelling an appointment. If 24 hour notice is not received, full fee will be charged, and usually insurance does not cover that fee, so you will be fully responsible for that charge.

I have read the above policies. I understand and agree to them.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_