

Richelle Jacobs, LMFT
510.845-5178 ext. 3
richellejacobs@att.net

Confidentiality Anything you say and any records I have about you will be held in complete confidence. However there are specific, legally mandated exceptions to this: child, spousal, or elder abuse; imminent physical danger to yourself or to others; and subpoenas related to litigation pertaining to your emotional status.

Cancellation Policy I require 48 full hours notice for cancellation of an appointment; otherwise, full payment is expected. Exceptions to this: if both of our schedules allow for rescheduling within the same week or the possibility of your coming twice another week; a true emergency; your being too sick or injured to leave home; an illness or injury sustained by your child where you are the only possible caregiver.

Also, if you are more than twenty minutes late for your appointment and I haven't heard from you, I will assume you are not coming and will no longer wait for you. You will be charged for that missed session.

Payment Full payment is due either at each session, every other session, or once a month—whichever you prefer. If you have insurance that reimburses for psychotherapy, I will provide you with a statement once a month to submit to your carrier for reimbursement.

Between Session Contact At times contact between meetings can become psychotherapy sessions in and of themselves. These will be billed proportionally at the same rate as your face-to-face or screen session. There will be no charge for between-session contact which lasts for twelve minutes or less. Beyond those twelve minutes, however, you will be billed for the entire time.

I have read this form and agree to its terms.

_____ Name _____ Date