

MATTHEW MOREY, PhD
Licensed marriage and Family Therapist, #MFC 53254
626 Balboa Street, San Francisco, California 94118
1206 3rd Street, San Rafael, California 94901
matthew@drmatthewmorey.com
(415) 967-2424

MINOR CLIENT INFORMATION AND CONSENT

Name of Minor _____ **Age** _____

Psychotherapy can be a very special opportunity to understand more deeply the problems you are experiencing and to make the changes that are important to you. Therapy can be a fascinating and stimulating process. It can also be difficult, and, at times, painful. While there are no guarantees, your active participation will contribute greatly to this process.

Confidentiality: The information discussed in therapy is strictly confidential and will only be released with your written permission. There are exceptions to this policy: **If you are a danger to yourself or someone else, or if there is some evidence of child or elder abuse, I am legally obligated to report and to seek assistance from outside agencies.**

Therapy Hour: Unless we agree otherwise, sessions are **fifty-five minutes**.

Fees/Insurance: Fees are due at each session, payable by cash, check, or money order. If you are using your insurance coverage, I will provide a monthly statement which you can submit directly to your insurance company and be reimbursed accordingly.

Fees are reviewed yearly and may be raised \$5-\$10 per year. If you are paying on a sliding scale basis, adjustments will be made as your financial situation changes.

Cancellations: It is important for the continuity of therapy that you come to all sessions. Since your appointment time is reserved exclusively for you, I have a **24-hour cancellation policy**. In other words, if you cancel within 24 hours of the appointment time, you will be charged for the session.

I encourage you to discuss any financial concerns or hardships as soon as they arise so that we can adjust our arrangement accordingly.

Please Initial _____

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Availability: If you would like to speak with me outside of session for reasons concerning scheduling, fees, or urgent issues that have arisen after a session, please call my private voicemail number (above) and I will return your call within half a day. Please be clear in your message as to whether or not you must speak with me immediately. I encourage you to contact me if you are in a serious emotional crisis. Phone contact that extends beyond 15 minutes will be charge on a pro-rated basis.

If you are having a psychological emergency and I am not available, try the following crisis services:

Suicide Prevention: 781-0500

S.F. General Psych Emergency: 206-8125 (24 hours)

I have read the foregoing, understand the policies stated herein, and agree to the stated conditions.

Name of Minor _____ *Birthdate* _____

Name of Guardian _____

Signature of Guardian _____

Date _____