

## Office Policies and Consent to Treatment

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**About Psychotherapy:** Psychotherapy requires a joint effort. Progress depends on many factors, including motivation, effort, and life circumstances such as interactions with family, friends, and others. The length of treatment varies depending upon the nature and severity of the problems, along with the previously mentioned other factors. While therapy is designed to be helpful and supportive, at times, this process may be difficult and uncomfortable. Progress is real, but the process takes some time. We will collaboratively set the goals of our work together.

**Telehealth:** At this time, all services are conducted via telephone or video session. My virtual office is <https://doxy.me/drweiscovitz>. You are welcome to confidentially check into the waiting room on the site at the time of your appointment. Please read and sign the separate Telehealth consent form with more details about the considerations regarding working online.

**Fees:** Both for individuals and for couples, a session lasts 50 minutes. My fee is \$200 for individuals or couples. This is commensurate with other therapists in the Bay Area with similar levels of experience and expertise. I have a limited number of sliding scale slots and welcome you to discuss your financial needs with me if you need a reduced fee. If, after our initial consultation, I am unable to accommodate your financial needs, I will be happy to make a tailored referral.

**Payment for Services:** Payment is after each session charging credit card via IVY pay app. It will send you a text message to enter your credit card information into the app. Otherwise, payment is expected by the end of each month. When I am working with you in weekly therapy, I do not charge for short (15-minute) phone calls or email exchanges between sessions. I will bill for extended phone conversations at a rate equivalent to your hourly fee. I do charge for my time for letter or report writing.

I do not work with insurance, but upon request, I will be happy to provide information to a third party payor to facilitate your receipt of any reimbursement possible. I provide these statements quarterly for interested parties.

**Cancellations:** Once we agree on a regular time- or times- to meet during the week, I will reserve those hours for you. I will give you advanced notice of any planned absences. If you need to cancel a session, please notify me immediately. I will not charge

for sessions canceled within 48 hours notice. For sessions canceled with less than 48 hours notice, I will try to reschedule your appointment at a mutually agreeable time. If we cannot reschedule within the same week, I will bill you for any missed sessions not canceled in advance or able to be rescheduled.

**Telephone & Emergency Procedures:** If you need to contact me between sessions, please leave a message on my voicemail at (510)619-8008 and your call will be returned as soon as possible. I usually check my messages several times each day and once a day on weekends. I do not take calls late at night. If an emergency situation arises, please call me and indicate it clearly in your message. If you need to talk to someone right away, you may call Psychiatric Emergency Services 24 hours a day at (415) 206-8125.

**Confidentiality:** Anyone who seeks therapy has a basic right to privacy. All information and records are highly confidential and may not be revealed to anyone within your written permission. Disclosure may be required by law in the following circumstances: where there is reasonable suspicion of child or elder abuse or neglect; where a patient presents a danger to himself, herself, or others, if a patient is gravely disabled, or in the event of certain court orders. In couples or family psychotherapy, confidentiality and privilege do not apply between the couple or among family members. I will use clinical judgment when revealing information in these situations. I, the undersigned, have read, understand, and agree to comply with the above policies, and hereby consent to treatment.

Print Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_