

Alexandra Elite-Marcandonatou, LCSW

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San Anselmo, CA 94960

LCS#23210

415-793-3296

Client Policy Letter & Consent for Treatment

This document provides you with information about my psychotherapy practice, my policies with regard to scheduling and payment, and important legal and ethical information. Please read carefully and ask me any questions you have before signing.

Hours:

Our time together will usually be set for 50 minutes. Occasionally, longer sessions of 80 or 110 minutes are useful. We will discuss and agree upon the duration of the sessions and any changes in session duration in advance.

Confidentiality:

The information discussed in therapy is strictly confidential and will only be released with your written permission *UNLESS*: (1) I am ordered by the court to release or disclose information regarding your mental status. (2) There is reasonable cause to believe you are a danger to yourself or others or you are gravely disabled. (3) Where there is reasonable cause to believe physical, sexual, emotional abuse of a minor, an older adult (65 y/o+), or a dependent adult exists. In the latter two cases the law mandates disclosure of information to potential victims and/or legal authorities so that protective measures can be taken.

Telephone consultation may occur during the course of therapy. It involves professional services rendered with regard to your therapy or assessment, case planning, crisis management, and/or consultation. It includes conferences with the client, other professionals or individuals such as physicians, community mental health providers and the like. No such calls will be made without an explicit agreement between us and formal authorization from you. In addition, to best meet your needs and to continue to grow as a therapist, I may consult/train with colleagues who are bound by the same confidentiality rules, and in such consultation/training, I will remove or change identifying details to the greatest extent possible.

Fees / Insurance:

The fee for your sessions is \$220 per 50-minute session. You are responsible to pay for services at the beginning of each session. Please have your check, cash, credit card, Zelle or IvyPay (HIPPA compliant electronic payment) prepared at that time. If you wish to be reimbursed by an insurer, I will provide a statement for you to submit so that all reimbursement is paid directly to you. I cannot and do not guarantee reimbursement as this matter is entirely in

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the hands of the insurer. I am not on any insurance panels at this time, so please note that it is your responsibility to determine whether or not your carrier will provide coverage for services rendered by “out-of-network” providers. If, during the course of therapy, you obtain new insurance after beginning treatment, you change to a new insurance carrier, or your insurance policy changes, please inform me in the event that this affects how you are reimbursed for therapy sessions. If your financial situation changes, I also encourage you to discuss any concerns you might have about being able to pay the psychotherapy fee. I occasionally have sliding scale slots in my practice and am happy to discuss this with you should financial concerns arise during our work together.

Routine calls requiring 10 minutes or less will not be billed. Calls over 10 minutes will be billed, prorated at the agreed upon hourly rate. There is no charge for calls regarding appointment-setting or similar administrative business.

Cancellations / Vacations:

I would appreciate as much advance notice as possible if you are going to miss a session. If you need to cancel an appointment, please do so **at least 48 hours in advance**. Because I have set aside the time for you, all appointments cancelled less than 48 hours in advance will be billed at the usual rate. Most insurance companies do not reimburse for missed sessions. If you are more than 20 minutes late and have not called to let me know, I will assume that you are not coming to that session.

I take a total of 4-5 weeks off during the year. I will endeavor to give you as much advance notice as possible. A qualified professional will cover my practice while I am away.

Availability / Contact During Emergency:

If you need to contact me between sessions for reasons concerning scheduling, fees, or urgent issues, please call my voice mail number, leave a message describing what is happening, request a call back, and I will do my best to return your call within 24 hours during the week. If you are having a psychological emergency, please leave a message on my voice mail indicating that this is an urgent matter. If you call during an evening or weekend, I may not be able to pick up your message or respond immediately. If you do not hear back from me in a time frame that seems appropriate, please feel free to call again. If we still do not make contact and you need to speak with someone right away, please either call the 24-hour Alameda County crisis hotline at 1-800-309-2131, or the National Certified Crisis Hotline at 1-800-784-2433, or call 911, or go to your nearest emergency room.

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Email, Internet, Text Messages:

You and I may communicate from time to time by email or via the Internet. If you need to contact me between sessions about administrative issues, the best way to do so is by leaving me a voice mail at the above number at 415-793-3296. For quick administrative issues, direct email at alexandra.elite.lcsw@gmail.com is second best. If you need to reschedule an appointment, please call instead of emailing, unless you are giving me over 48 hours' notice. Please do not contact me via other methods (text messaging, Facebook or LinkedIn, etc.) as I may not receive such messages at all. While I take reasonable measures to ensure confidentiality of these communications over the Internet, there is an inherent risk of privacy being compromised. Please let me know in advance if you would prefer to avoid or limit communication via email.

Treatment Planning and the Therapy Process:

Psychotherapy can be a fascinating and stimulating process. Although there can be no assurance of positive results, participation in therapy can result in a number of benefits, including regulation of anxiety and emotion, improvement in mood, enhanced self-esteem, resolution of psychosomatic disorders as well as improvements in relationships and in job/academic performance. I will regularly ask for your feedback about the therapy so that I can best tailor my approach to meet your needs. You will gain the most benefit from psychotherapy if you are actively involved, honest, open, and willing to collaborate in the process. Please be aware that remembering or talking about unpleasant events, feelings, or thoughts can be uncomfortable and cause strong feelings of anger, sadness, and/or anxiety. Change will sometimes be easy and swift, and at other times, slow and challenging. Sometimes more than one approach is helpful in dealing with a certain situation and during the course of therapy, I may utilize various psychological approaches.

At any time during the course of treatment, we may discuss our working understanding of the problem(s), the treatment plan, your therapeutic goals and my view of the possible outcomes. If you have any questions about any of the methods used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please feel free to ask me. You also have the right to ask about other treatments that may be helpful in attaining your goals as well as the risks and benefits to those approaches of which I am aware. If you can benefit from any treatment that I do not provide, I will assist you in obtaining those treatments.

Termination:

We may both feel after a time of working together that you have completed an important piece of work and are ready to stop therapy. Also, you have the right to terminate therapy at any time.

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If you choose to terminate, I can offer to provide you with names of other qualified professionals, if needed. The therapy completion/closure process can be very empowering and healing for clients, thus I recommend at least 1-3 session specifically dedicated to processing the end of therapy, if appropriate given the circumstances.

Because I do not generally work with clients who, in my experience and opinion, I cannot help, if at any point in the treatment I determine that I am not effective in helping you reach the therapeutic goals we defined, we will talk this over and, if appropriate, end the therapy. In the event this happens, I will give you referrals that may be of help to you. If you request it and authorize it in writing, I will also talk to the psychotherapist of your choice in order to help with the transition. If at any time you would like another therapist's opinion or wish to consult with another therapist, I will assist you with referrals, and with your written consent, provide the psychotherapist of your choice with relevant requested information.

Consent for Treatment:

I have carefully read these pages, fully understand their contents, and by my signature, agree to all of the foregoing.

NAME (printed)

SIGNATURE

DATE

_____/_____/_____
DOB

STREET ADDRESS

PHONE

CITY/STATE/ZIP