

OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR
PSYCHOTHERAPY SERVICES

- Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client) written consent.
- When Disclosure is Required by Law: Some of the circumstances where disclosure is required by law are: where there is reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, or to others.
- When Disclosure May be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records and/or testimony by Beth Jaeger-Skigen. In couple and family therapy, confidentiality and privilege do not apply. Beth Jaeger-Skigen will not release records to an outside party unless she is authorized to do so by all family members who are/were a part of treatment.
- Consultation: Beth Jaeger-Skigen consults regularly with other professionals regarding her clients, however, client's names or other identifying information are never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.
- Telephone and Emergency Procedures: If you need to contact Beth Jaeger-Skigen between sessions, please leave a message on voicemail at 415-317.4893 and your call will be answered as soon as possible. Beth Jaeger-Skigen checks her messages several times a day, unless she is on vacation. If an emergency situation arises, please indicate it clearly in your message. If you need to talk with someone right away, you can call suicide prevention at 1-800-SUICIDE or the police at 911.
- Payments: Clients are expected to pay _____ per 50 minute session at the end of each session unless other arrangements have been made. Please note that you are not only paying for service, you are paying for the specific time slot you have reserved. If I am able to reschedule your appointment within the business week, there will be no cancellation charge. Telephone sessions (exclusive of the 1st phone consultation), site visits, longer sessions, etc. will be charged at the same rate unless otherwise indicated. Please notify Beth Jaeger-Skigen if any problem arises during the course of therapy regarding your ability to make timely payments.

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Discussion of Treatment Plan: Within a reasonable period of time, Beth Jaeger-Skigen will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. You have a right to ask about other treatments and their risks and benefits. As set forth above, after the first few meetings, Beth Jaeger-Skigen will assess if she can be of benefit to you. Beth Jaeger-Skigen does not accept clients who, in her opinion, she cannot help. In such as case, she will give you referrals that you may contact.

Termination: If Beth Jaeger-Skigen assesses that she is not effective in helping you (client) reach your therapeutic goals, she is obligated to discuss this with you and if appropriate, terminate treatment. In such a case, she will give you referrals (if appropriate) that may be of help to you.

Dual Relationships: Therapy never involves sexual or business relationships or any other relationship that impairs Beth Jaeger-Skigen’s objectivity, clinical judgment, or therapeutic effectiveness.

Cancellation: Since scheduling of the appointment involves the reservation of a time specifically for you, a minimum of 48 hours is required for cancelling an appointment. The full fee will be charged for sessions missed without such notification.

Authorization for Consent to Treat:

By signing below, I hereby authorize Beth Jaeger-Skigen, LCSW to carry out such diagnostic and treatment procedures that may be necessary for my mental health care.

Signatures:

Your signature below indicates that you have read the information in this document and agree to abide by its terms.

Client Name (print) Date Signature

Client Name (print) Date Signature

Therapist Name (print) Date Signature

