

Alethea Gard'ner, LCSW
1399 Ygnacio Valley Rd., Suite 1B
Walnut Creek, CA 94598
(925) 588-3948
LCSW 29215

Office Policies and Procedures

Please read the following carefully as it provides important information. I am happy to go over any questions you may have. Please sign a copy and retain a copy for yourself.

Psychotherapy can help you to transform traumatic experiences and limiting beliefs, access your strengths, improve relationships, and move towards a sense of wholeness and improve overall functioning. Progress and length of therapy vary person to person, depending on a variety of factors including the nature and intensity of presenting problems, the goals of therapy, motivation, and life circumstances that arise during therapy. While most people benefit from psychotherapy, the process can be difficult and can trigger uncomfortable feelings. These feelings are a natural part of the healing process and can be a catalyst for change.

The therapist/ client relationship is unique. So that therapy may be most beneficial, it is important that both the therapist and client have a clear understanding of the responsibilities and commitments involved.

Confidentiality- All communications will be held as confidential except when you provide me with written permission to disclose specific information on your behalf or when the following circumstances apply:

*According to California and Federal Law, I may need to break confidentiality to exercise my duty as a mandated reporter of suspected child abuse, elder abuse, and dependent adult abuse. (This includes physical, emotional, and sexual abuse and or severe neglect.)

*If you present a serious threat of harming yourself or are gravely disabled (unable to provide food, shelter, or clothing for yourself), I may need to break confidence to protect you.

*If you present a believable threat to harm another person or property, I am required by law to warn that person of possible danger, and to notify the police.

*If your records are subpoenaed by a legitimate court order, I may be required to provide them.

Periodically I may consult with professional colleagues if I believe that doing so will help me meet your needs more effectively. When doing so, I will take care to protect your privacy by excluding identifying information.

Fee Schedule- The amount of your fee for psychotherapy will be established at the beginning of your therapy. My full fee is \$185. I typically increase my fees approximately \$5 each year. I will announce any increase in fees at least one month in advance. If your fee has been adjusted due to financial limitations, you agree to report any changes in your financial situation so that fees can be readjusted accordingly. Fees are due at the end of each session.

Insurance Coverage- If you have insurance coverage, I will provide you with the information you need to obtain reimbursement from the company. No information will be released to your insurance carrier without your written consent.

Cancellations- Appointments need to be cancelled with as much notice as possible. Full charge will be made for sessions cancelled less than 24 hours in advance. Insurance companies do not reimburse for missed sessions. Treatment may be terminated at any time, but three final sessions are recommended in order to bring closure.

Length of Sessions- All psychotherapy sessions are 50 minutes in length , unless otherwise arranged. I do not charge for brief phone conversations between sessions, unless they last over 10 minutes. Then they are prorated at the same rate as sessions.

Emergency Procedures- If you need to contact me between sessions, please leave a message at my office number, (925) 588-3948, and indicate if your call is urgent. I will call you back as soon as possible.

Your signature below indicates that you have read and agree to the above policies and procedures.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____