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Marriage and Family Therapist Registered Intern #91724

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#### Policies and Consent

Please read the following carefully as it provides important information. I will be happy to go over any questions you may have. Please sign one copy and retain one copy for your reference.

This form explains guidelines for the unique therapist/client relationship. It is important that both therapist and client have a clear understanding of the responsibilities and commitments involved.

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

We will collaborate on your therapy goals and work together to determine what will be most helpful to you.

**Confidentiality:** All information disclosed during session, your participation in therapy as well as all written records pertaining to therapy sessions is considered confidential and may not be revealed to anyone without your (client’s) written permission except when you **provide me with written permission** to disclose specific information on your behalf **or** when the following circumstances apply:

1. As a mandated reporter I am required, according to California and federal law, to report to the appropriate officials when there is reasonable suspicion of **child abuse, elder abuse, and dependent adult abuse**. (This includes physical, emotional or sexual abuse and/or severe neglect).
2. Disclosure is required if you present as a **danger to yourself, others, to property, or are gravely disabled** (unable to provide food, shelter, or clothing for yourself). Under any of these circumstances, I may need to break confidence to protect you and/or others.
3. If your records are **subpoenaed by a legitimate court order,** I may be required to provide them. Disclosure may be required if you place your mental status at issue in a litigation initiated by you.
4. **In couple and family therapy**, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use clinical judgment when revealing such information. When releasing information pertaining to couples and family therapy to any outside party I will not release records unless authorized to do so by **all** adult family members who participated in treatment.
5. Please be aware that **email, fax and cell phone communication** can be relatively easy to access by unauthorized people, therefore the confidentiality and privacy of such communication can be easily compromised. Emails are particularly vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can be sent erroneously to the wrong number. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use email or faxes in emergency situations.
6. Periodically **I may consult with professional colleagues** if I believe that doing so will help me meet your needs more effectively. When consulting with professional colleagues, I will take care to protect your privacy by excluding identifying information.

**Fees:** The amount of your fee for psychotherapy will be established at the beginning of your therapy. **My full fee is $160**. I will announce any increase in fee 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 each session. You may pay in advance if you prefer. If you submit a check with insufficient funds, you are responsible to cover the cost of the original fee plus any bank fees incurred.

**Cancellations and Missed Sessions:**

Cancellations: I will hold your therapy hour as yours each week. If you are unable to keep a scheduled session, for whatever reason, **please give me a minimum of 48 hours advance notice. If less than 48 hours notice is given, you will be charged for that session.** I will provide emergency cancellations on as needed basis in the case of an unforeseeable event such as an illness or car problem. I ask that you inform me of any anticipated absences as far in advance as possible. I will announce any planned absences at least one week in advance.

**For clients with chronic illness: we will create a tailored cancellation policy based on health limitations and therapist flexibility in order to best support your health.**

**Consistency**

Therapy is a process that builds upon itself and thus requires regularity. It is most beneficial when sessions occur weekly so that a bond can develop over time between therapist and client, providing the safety and comfort to explore deeper aspects of the self.

If it becomes difficult to have consistent regular sessions, we will assess together how this is impacting the therapy process and whether it is appropriate to continue therapy at this time.

**Length of Sessions:** All psychotherapy sessions are 50 minutes in length, unless otherwise arranged. I do not charge for brief phone conversations between sessions. If you would like a longer check-in, I charge a pro-rated amount of the normal weekly fee for phone contacts over 15 minutes in length.

**Emergency Procedures:** If you need to contact me between sessions, please leave a message at my office phone number: 510.361.0346, and indicate if your call is urgent. I will call you back as soon as possible. **Crisis alternatives:** If I can not be reached and it is an urgent matter that can not wait, please use the following resources: Crisis Intervention Hotline: 510-849-2212; the police, 911; County psychiatric hospitals, e.g. John George Hospital 510-481-4141 (Alameda); or Merrithew Hospital 925-370-5700 (Contra Costa); or 1-888-784-2433 (1-800-SUICIDE)

**Dual Relationships:** Dual relationships between therapist and client are generally avoided but not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other relationship that would impair the therapist’s objectivity, clinical judgment, therapeutic effectiveness or be considered exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Clients may know each other. Consequently you may bump into someone you know in the waiting room or into me in the community. I will never acknowledge that I work therapeutically with any of my clients unless I have their written permission.

I HAVE READ AND HAD ALL QUESTIONS ANSWERED ABOUT THE ABOVE INFORMATION. I HAVE RECEIVED A COPY OF THESE POLICIES FOR MY OWN RECORDS. MY SIGNATURE INDICATES MY CONSENT TO RECEIVE PSYCHOTHERAPY SERVICES.

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Client Name (Print) Date Signature

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Client Name (Print) Date Signature

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