

Alice Petty-Hannum

License #MFC43967

Marriage and Family Therapist

Registered Addiction Specialist

EMDRIA Certified EMDR Therapist

406 Chinn Street

Santa Rosa, CA 95404

(707) 495-5350 office

(707)570-2680 fax

Welcome

Often just scheduling and keeping the first appointment takes courage. You have taken an important first step toward understanding and learning to more effectively manage whatever situation has prompted you to schedule this appointment. I've composed this form to answer frequently asked questions and give you an overview of therapy, office policies, confidentiality and other legal or clinical information. If this packet does not answer your question, please discuss it with me in person.

Fees

My fee is \$120 for a sixty minute hour. Payment is due at the time of service unless you are referred by a third party who reimburses this office for your services. Most clients find it helpful to take care of payment, scheduling and any other business matters at the beginning of the session after the initial session. This allows them to fully focus on the content of the session during and at the close of each session.

Cancellation Policy

It is my policy to charge the full session fee for missed appointments or late cancellations. I request that you cancel or reschedule your appointment at least 48 hours in advance to avoid this charge. This courtesy allows me to plan my schedule effectively and accommodate other clients if you cannot keep your appointment time. If you are using insurance, be aware that most insurance plans do not cover missed appointments or late cancellations.

Generally, we will establish a frequency of appointments and a time that works well for both of us. If breaks are taken from therapy without

notice or if you do not occupy your reserved time for a three week period, please know that I may not be able to reserve that time for you going forward. We may need to arrange another regular time when you return. Please make arrangements with me and discuss this if you plan to take a break from therapy.

Phone Calls and E Mail Policies

I am not routinely available after office hours. In the case of an emergency you can call my voice mail at (707)495-5350 and leave a message. I do check my voice mail intermittently between the hours of 8 am and 9pm unless I am out of town. My voice mail will indicate if I am out of town and offer an alternate emergency number. **Since it can take a few hours or until the next morning for a return call, it is advised that you call 911 or Psychiatric Emergency Services at 707-576-8181 if you have a true mental health emergency.** I make every effort to return support calls from my existing clients in a timely manner. However, please contact your physician, sponsor or other support person if you need more urgent support. I am able to provide up to a 10 minute return phone call at no charge. If your concern cannot wait until our next session and requires a longer phone call, a fee will be assessed or an emergency appointment will be arranged.

While I do occasionally communicate with clients by e mail or text, please do not send information about scheduling, cancellations or emergencies by e mail or text. I check my voicemail much more frequently and I may not receive the message in a timely manner. Please be aware that confidentiality cannot be insured through e mail or text messages and that if you choose to communicate with me by these methods you accept the incidental risk to confidentiality that such methods contain.

Insurance

I am currently contracted with Blue Shield of California PPO and Partnership/Beacon Health. It is strongly advised that you contact your insurance company (even if you believe I am contracted with your company) upon scheduling an appointment if you will be seeking reimbursement. Insurance benefits vary greatly from plan to plan and some do not cover services such as couple or family therapy and the 90 minute sessions sometimes associated with EMDR. I request payment of my full fee or your share of the fee at the beginning of each session unless other arrangements are made.

If you would like to submit claims to another insurance or third party payor to see if they will reimburse you I will be happy to provide you with a billing statement at the end of each month. I will submit billing for insurance companies with which I am contracted. It is your responsibility

to provide me with accurate insurance information and notify me of insurance changes in a timely manner. If information not included on your billing statement is required by your insurance, an additional fee may be assessed for report preparation and you will need to sign a release.

Notice of IRC Subchapter S Corporate Ownership

Please be aware that Alice Petty-Hannum, MFT is a business held and owned by an IRC Subchapter S Corporation; Bridges to Self-Empowerment, A Marriage and Family Therapy Corporation. Alice Petty-Hannum, MFT is managed solely by Alice Petty-Hannum. This IRC Subchapter S Corporation is family owned and there are no other partnerships or affiliations with others who occupy office suites at 406 Chinn Street, Santa Rosa or any other location.

Confidentiality

By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. There are, however, a number of exceptions to this confidentiality policy.

- 1) If you report that you or another person has been the victim of child abuse, I am required by law to report this to the authorities investigating child abuse.
- 2) If you report that you or another person has been the victim of elder or dependent adult abuse, I am required by law to report this to Adult Protective Services or other appropriate authorities.
- 3) If you threaten to seriously harm yourself or someone else, I may be required to take one or more of the following steps: contact police, warn the potential victim, or take other reasonable steps to prevent the threatened harm.
- 4) If you sign a release of information requesting and authorizing me to discuss or verify your participation or any other treatment information.
- 5) If I am ordered by the court to testify or release records. In this situation, I may be required to give a summary of the case records whether or not a release of confidentiality was signed.

The other possible exception to complete confidentiality would become relevant if I should need to seek consultation from colleagues regarding your case. If this should be necessary, I will not use your name or any combination of identifying data that would make it likely that your identity would be ascertained by others.

I, _____, certify that I have read and had an opportunity to discuss the above information. I am aware that it is my right to have my information held confidential except in the event that one of the situations outlined above should occur.

I also am aware of and agree to the outlined fee structure and understand that if I do not notify of cancellation at least 48 hours in advance, I will be expected to pay for the session.

Signature of Client:_____

Date:_____

Printed Name of Client_____