

Judith S Peletz M.A. M.Ed., MFT

1144 Sonoma Avenue, Suite 117
Santa Rosa, CA 95405

(707) 526-7720 ext.315
License No. MFC39578

CLIENT INFORMATION

Confidentiality

The fact that you come for counseling and everything you disclose within sessions and over the phone will be kept strictly confidential with the following exceptions:

1. Information about abuse or neglect of a child under the age of 18.
2. Information about abuse of a person over 65 or abuse of a dependent adult.
3. Threat of serious bodily harm to yourself or to someone else.
4. With a signed Release of Information from you.
5. For consultation purposes. This is for your benefit as well as for mine. Client identity will be protected at all times.
6. If I receive a court order to release information about our work together.

Attendance and Payment

Your appointments will last for 50 minutes and usually will be on a weekly basis. Your fee will be _____ per session. Payment is expected at each session unless other arrangements have been made. I have a 24 hour cancellation policy which means you will be charged the full amount of the session if you cancel without giving me 24 hours notice. Occasionally, it may be possible to reschedule the session within the same week, in which case you would not be charged for the missed session. However, often this is not possible.

Telephone Messages

You are free to leave me messages in between our sessions. Generally, I check my messages once in the morning and once in the evening. If you are in crisis and need to talk with someone immediately, call the Sonoma County Mental Health crisis line at 576-8181.

I have read the above information and agree to comply with the terms of this agreement.

Client's Signature

Date

Therapist's Signature

Date