

Dan Neuharth, Ph.D.
Licensed Marriage and Family Therapist

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CLIENT INFORMATION SHEET AND CONSENT FOR TELE-THERAPY

Confidentiality: Psychotherapy is designed to be a safe place for you to talk about any personal issues you choose to explore. Please know that whatever we discuss in psychotherapy is legally held as private and confidential. This means that I will not divulge anything you tell me to anyone except in either of the following conditions:

- a) You give me your permission to talk to another, such as a health-care professional who is providing you treatment.
- b) You tell me something that I am legally required to reveal to others. For example, California psychotherapists are required to report cases of suspected child abuse or elder abuse, or when a client poses a threat to herself/himself or others.

The nature of psychotherapy: Therapy works best when you are an active partner in the process, so please know that I welcome feedback or questions about our work at any time. Please understand that at times you may feel conflicted about attending sessions, as the process of psychotherapy can sometimes be uncomfortable. If this is the case, I urge you to bring up your concerns so that we can address them.

The nature of telephone/electronic therapy: Please understand that telephone and other electronic forms of consultation may not be as complete as face-to-face services. If I believe that you would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will refer you to a psychotherapist who can provide such services in your area. In addition, be aware that unlike face to face therapy, there are risks with telephone/electronic consultations, including but not limited to the possibility, despite reasonable efforts on the part of the psychotherapist, that the transmission of medical information could be disrupted or distorted by technical failures or by unauthorized persons, and/or the electronic transmission or storage of medical information could be accessed by unauthorized persons.

Fees and cancellation policy: Consultations are normally 60 minutes long. My fee is \$150 for 60 minutes, payable each session by credit card (MasterCard/Visa). Longer or shorter sessions are pro-rated at the \$150-per-hour rate. If you need to cancel an appointment, please let me know at least 24 hours in advance; otherwise, I will have to charge you for the missed session since I will not be able to fill the appointment time on short notice.

Therapist availability: You can leave messages for me anytime and I normally return phone calls within one business day. In a life-threatening emergency, call 911 or your local crisis hotline immediately.

If you have any questions on the above, please ask me. Otherwise, please sign below, affirming that you understand and consent to these policies. **If you are returning this form by email, type your name on both the "sign name" and "print name" lines.** Doing so will serve as an electronic signature.

Sign Name: _____ Print Name: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Address: _____

Today's date: _____ Your birthdate: _____