

Peggy Burns, LMFT
Licensed Marriage and Family Therapist #41729
801 Portola Drive, Suite 108 ~ San Francisco, CA 94127
THERAPY CONTRACT

Contact Information:

My business phone is **(415) 810-6574**. You may leave a message at any time on my confidential voicemail. Non-urgent phone calls are returned during normal business hours Monday-Friday and within 24-48 hours. In the event of a medical emergency, or an emergency involving a threat to your safety or the safety of others, please call 911 or go to your nearest emergency room. The local community also provides help, call the 24-hour crisis line at 415-781-0500.

Appointment Scheduling and Cancellation Policies:

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least **72 hours** in advance of your appointment. If you do not provide your therapist with at least **72 hours-notice** in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

Fee and Payment

The counseling fee is \$_____, payable at the beginning of each session. Please make checks payable to Peggy Burns. Returned checks will be charged a \$20 fee. I also accept cash, check and Zelle. Appointment length is 50 minutes. Please note that if you are late we will still need to end on time. Please let me know if you need receipts for insurance purposes. I charge an hourly rate for due to time needed to prepare any written reports. I do not charge for phone calls that are 5 minutes or less. I raise my fees periodically; 30 days' notice will be given prior to any fee increase.

Confidentiality:

Psychotherapy is confidential except where limited by California law. These exceptions include situations that involve child, elder, or dependent adult abuse, if a client is a danger to self or others, or if I am ordered to provide information by the court in a legal proceeding. The client's written permission is otherwise needed to disclose information.

It is important for you to know that I utilize a “no-secrets” policy when conducting family, marital/couples counseling. As a rule, therapists do not hold secrets when conducting family, marital/couples counseling. They will use their own discretion and clinical judgment in revealing disclosed information obtained in an individual session to the other partner or family member who is part of the therapy sessions. Please feel free to ask me about the “no-secrets” policy and how it may apply to you.

As a part of my professional development I consult with colleagues on a regular basis. This includes discussing my work with clients in order to provide best practice. Your names will not be shared in consultation and any information shared about you in the consultation setting will be kept confidential.

Termination of Therapy:

You have the right to terminate therapy at any time. It is helpful for us to discuss termination fully in at least one session.

The therapist has the right to terminate the clinical relationship if client goals conflict with my professional judgment.

To find the greatest benefit from counseling:

It is expected that counseling will sometimes raise unexpected or uncomfortable feelings and thoughts. Sometimes your situation may get worse before it gets better. During the counseling session, we will work together on addressing the unique problem(s) or situation(s) that brought you to counseling.

On the client’s part, effort is required to achieve therapy goals. This includes coming to sessions and completing homework assignments. Other helpful effort includes coming prepared to sessions, identifying issues to work on, and commitment to working through those issues with your spouse in an honest and respectful way.

I agree to the guidelines listed above and agree to pay all charges in full.

Client	Date	Client	Date
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Therapist	Date
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