



Lori J. Collins, M.S., MFT

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Welcome to my office for counseling and educational services! I have prepared this sheet to give you some information about my office policies.

Fee: My fee is \$_____ for each 50 minute session.

Payment: All balances are due and payable in full at each session. Checks should be written to Lori Collins. I accept checks, cash, Visa and M/C for services.

Insurance: I will mail you a monthly statement that you can use for insurance or tax purposes. Clients who carry health insurance should remember that professional services are rendered and charged to the client directly and not to the insurance company.

Cancellation & Charges for Late or Broken Appointments: There is no charge for cancelled sessions when you provide 24 hours advanced notice. Otherwise, the full session fee will be charged for broken appointments or late cancellations.

Billing Questions: Please contact my office at (650) 366-6800 regarding questions about your monthly statement.

Confidentiality: All consultations and records are confidential. In order to protect your privacy, billings are mailed or you may arrange to pick your billing up at the office. I do not email, fax or transmit health information by any electronic mode. Further, no one will be advised of your participation in counseling unless you specifically request it, in writing. The law provides certain exclusions for confidentiality, including:

- **Child Abuse:** When there is knowledge of or reasonable suspicion that a child has been the victim of abuse, neglect, mental suffering or a child's emotional well-being is endangered.
- **Adult or Domestic Abuse:** When there is knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult.
- **Health Oversight:** When the Board of Behavioral Science Examiners subpoenas information relevant to a complaint.
- **Judicial or Administrative Proceeding:** In court proceedings and when a request is received about the professional services that have been provided, health information may be disclosed with 1) written authorization or the authorization of the patient's attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking health information provides a showing that the patient or patient's attorney have been served with a copy of the subpoena, affidavit and the appropriate notice. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.
- **Threat to Health or Safety:** When a serious threat of physical violence against an identifiable victim is known or reasonably suspected, efforts to communicate that information to the potential victim and the police must be issued.

If you request to communicate by email, you release the therapist from liability of lost and/or misplaced emails and emails that may be read by others. Please initial the appropriate line:
____ I **do** want to communicate with the therapist via email. ____ I **do not** want to communicate via email.

I have read the above statements and agree to treatment under these conditions.

Signed _____ Date _____

Therapist _____ Date _____