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INFORMED CONSENT

Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. Please read it carefully, and write down any questions you have so we can discuss them at our next meeting.

FEES AND PAYMENT: My fee is \$165 per 60-minute session. Payment is due at each session unless other arrangements are made. If you choose to pay on my website (elenastorer.com) by credit card or pay pal please pay me within one day of our session. Please notify me if problems arise during the course of your therapy regarding your ability to make timely payments.

CANCELLATIONS: The scheduling of an appointment involves the reservation of time specifically for you. To avoid being charged for a missed session, please let me know that you are canceling the session at least 24 hours in advance. If your session is 1.5 hours or 2 hours you need to give me 48 hours notice. If we can reschedule the appointment within the same 7-day period, you will not be charged for the canceled appointment. If you have insurance in-network you would be required to pay your co-pay and the additional amount I receive from the insurance company.

INSURANCE: Please bring your insurance card. If you have a co-pay with your insurance please be prepared to pay each time we meet. Also, be aware that insurance companies require me to provide a clinical diagnosis that will be part of a computerized permanent record. Although insurance companies claim to keep this information confidential, once it is in their hands I have no control over what they do with it.

Once you know what your benefits entitle you to, we will discuss what will happen if your benefits run out before our work is finished. You always have the option of paying for my services out of pocket to avoid the complexities described above.

CONFIDENTIALITY: All information disclosed in sessions is confidential and may not be revealed to anyone without written permission from you, except where disclosure is permitted and required by law. Disclosure may be required in the following circumstances:

1. When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily injury to an identifiable person(s).
3. When the client is suicidal.
4. When disclosure is required pursuant to a legal proceeding.

I do consult with other professionals about my cases. In these consultations I do not reveal the identity of my clients. The consultant is also legally bound to keep the information confidential.

Typically I raise my fee \$10 in December, effective January 1. I will let you know well in advance if I am raising your fee, and if it is a problem for you we will discuss it.

CONTACT BETWEEN SESSIONS: If you need to contact me between sessions, you may leave a message on my voicemail and I will return your call as soon as possible. You may also contact me by email: elenastorer7@gmail.com.
I HAVE READ AND UNDERSTAND THESE OFFICE POLICIES AND CONSENT TO TREATMENT:

Signature: _____ Date: _____