

Information about Your Counseling

You have made an important decision seek professional counseling. In order to be fully informed about what to expect will allow you to make the most progress in counseling, please review the following as it includes important information about the counseling process and business policies.

Dr. Day's role: My role is to listen, interact with you, advise you as you work through the difficulties you confront, integrating our professional experience, training, and spiritual perspective if desired. This is in contrast to simply telling you what to do, which would bypass your convictions, knowledge, and your own insight. We agree to abide by all the recognized legal, ethical, and professional standards governing our professional role.

Your Role: Problems can be partially resolved during your sessions. However, the real changes come when you transfer what is learned in your sessions to the other areas of your life. The more you take responsibility for change and are open to your own growth and new possibilities, the more rapidly change can occur.

Since therapy involves a commitment of time and resources, it is important that you feel comfortable in the working relationship. We create a safe place in counseling that is accepting and not judgmental, focused on how we can help your life to work better instead of identifying what is wrong with you. Ask any questions you may have about what is happening in your counseling, and make sure you are clear about the reasons for any direction we give you.

The more you adopt an attitude of learning the more you will get out of counseling: The point of counseling is to change. In that process, you will understand yourself better, so you can see what is keeping you from growing. Similarly, the more you tell me about your life, the more we have to work with to help you change.

Psychotherapy can have both benefits and risks. Change involves leaving behind ways of thinking and doing things that are familiar and comfortable. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings such as sadness, anger, or guilt. On the other hand, therapy means better relationships, solutions to problems, and reduction in feelings of distress. There is no formula or answer that applies to every situation, so you will have to work closely with me as a team to understand what will help things change for you.

Please discuss any concerns you may have about the process of treatment. If a problem or impasse occurs in the therapeutic relationship, please first communicate this to me. Usually I can explain and describe the reasons for suggesting what I do, or sometimes make appropriate changes in the I am handling things. If the concern still cannot be adequately resolved, I will discuss appropriate referrals as needed and suggest someone who can complete the work with you.

Sessions: The number of counseling sessions depends on many factors. An estimate can be gained only after an initial evaluation of your situation and your goals. The first session is designed for you to talk over what you would like to work on, get to know me, and give you an overview of the counseling process. At times I will determine that another therapist would be better for you and refer you to them. After one or two sessions you and I can usually determine a plan and an initial estimate of the length of treatment. Sessions are 45-50 minutes long, unless you make other arrangements with your therapist.

At the end of treatment, once we decide it's time, schedule at least one session to be sure you have covered the necessary issues and to plan how to carry on your goals on your own.

Confidentiality: All therapist/client communications and records are kept strictly private. No information will be given to anyone without your written consent.

In some specific conditions specified by California law, the therapist will not keep the information discussed in confidence. If these conditions occur, the therapist will make every effort to discuss them with the client before releasing confidential information. These specific exceptions are:

1. The client expresses serious intent to harm him/herself or someone else.
2. There is evidence or reasonable suspicion of abuse against a minor child, elder person (65 years or older), or dependent adult.
3. A subpoena or other court order directs us to disclose information.

If you are using medical insurance to help pay for therapy, the insurance company usually requires some information about your treatment. This may include a diagnosis, a summary of the problems being worked on, and the progress made.

Fees: Please discuss the fees with me in the intake session, and at any point there are changes in your financial situation. The standard fee is \$270 per session. If you have a financial hardship, a sliding scale may be available based on your ability to pay, with reduced fees as low as \$200 per session. I also have two assistants in training in my practice who can see you for lower fees. Testing, written reports and phone consultations are separate fees. We ask that the payment of fees be made in full with cash, checks, or credit card at the time of each therapy session. You may request a receipt for reimbursement from your insurance company. You are responsible for any session fees not covered by insurance. If your check is returned to us, we ask you to pay the bank charges along with the amount of the returned check.

Appointment Cancellations: Your appointment has been reserved specifically for you. If you are unable to keep your appointment, please call at least 24 hours in advance or you will be charged the full fee for the session, unless there are circumstances beyond your control that kept you from attending.

Treatment of Minor Clients: If the client is under the age of 18, the minor's parent or legal guardian shall give consent for the treatment. A parent or guardian has the proper legal custody in order to give such consent, where a child under 18 does not. In situations involving separation or divorce, copies of court documentation may be required to verify custody arrangements. I suggest you allow the minor client to have a confidential relationship with me, and I will use discretion and clinical judgment as to sharing information with the parent, usually in cases of dangerous or illegal behavior. This privacy in the therapeutic relationship is meant for the minor to get the most benefit from the counseling experience and to aid him/her in communicating difficult information to his/her parent or guardian. I will provide you a summary of treatment progress and recommendation to you the parent throughout the treatment.

Our office does not have the facilities for childcare so we request that you do not bring your children with you to the session unless they are involved in the counseling, or supervised by an adult.

Reaching your counselor: You may leave a message me via text or confidential voicemail at (925) 200-7735. Calls will be returned as soon as possible, usually within 24 hours on business days. If you have an urgent matter to discuss between sessions with your therapist, mention that in your message. However, phone calls are primarily to schedule appointments unless you have a coaching call or phone session set up ahead time. Usually face-to-face sessions are the primary vehicle for working on your problems. If you have an emergency, I can assist you in finding emergency treatment if that is needed. If I am unavailable, please call 911, and ask the emergency operator for directions to the nearest emergency psychiatric care unit. We are not equipped at this office to handle emergency needs and so we do not provide those services.

If you have any questions, please do not hesitate to discuss them with me. I am here to serve you and to provide you with the most compassionate and comprehensive care possible.

Service Agreement: We, the undersigned therapist and client, have read, discussed together, and understand the above stated policies in regards to the therapeutic relationship.

We have agreed on the fee of _____ per 45-50 minute session.

The client has been informed that the therapist is licensed by the State of California as a Clinical Psychologist

The client has been informed of the above provisions and legal protections. Our signatures below represent a service agreement between us.

Client signature _____

Date _____

Client signature _____

Date _____

Therapist signature _____

Date _____