Dr. Elena Michaels PhD, CCH, LMFT

Holistic Psychotherapy • Naturopathic Healthcare • Clinical Hypnotherapy
Marriage and Family Therapist # 33041 • Phone: 661 250-4395

Please read and sign this information sheet indicating your understanding and willingness to abide by these established policies. Please do not hesitate to ask any questions. Thank you for your cooperation.

1. Counseling sessions are a clinical hour in length, which is 50 minutes. Non-urgent matters are best addressed during regular sessions however phone sessions may be scheduled between appointments. Phone calls, reports, emails or text messages requiring more than 5 minutes to read or respond, will be charged in 10-minute increments.

2. To cancel or change an appointment, please notify the office by telephone at the above number at least 24 hours before the schedule session time. Emails do not qualify for cancellation or rescheduling. A phone message is required to avoid charges for the scheduled session. If your appointment is Monday, a message needs to be left by phone by Friday night. If there is a late cancellation (less than 24 hours) you will be billed and future sessions must be paid for in advance. You are financially responsible for reserved time, so please be diligent.

3. Payments are to be made at the time of the appointment before the session begins. For first time clients and distance/phone clients, payments must be received in advance of the scheduled session by mail or internet payment. Returned checks will have bank fees applied to the amount due and only cash payments will be accepted from that point on. Insurance is your responsibility but if you request it, I am happy to provide statements for you to submit to your insurance company.

4. All communication between client and therapist will be held in the strictest confidence unless you give written permission to release it. Exceptions to this professional confidentiality would be child abuse (sexual or physical), imminent danger to self or others, or neglect and danger to the elderly. I am required by law to notify the appropriate authorities in these situations.

5. Fees are $180 for a clinical hour session of 50 minutes. Sessions are 50 minutes minimum unless other arrangements have been made for shorter sessions. Longer sessions are often more helpful in certain situations and we can discuss this in advance. Extended time is prorated in 10-minute increments of $36.

6. Client(s) hereby waive(s) rights to compel Dr. Elena Michaels to serve as a "character witness" and/or give testimony or product notes concerning counseling sessions in any court proceeding unless the possibility of this is discussed upon initiating counseling.

7. I am not part of any government or other agency doing any kind of investigative process on Dr. Elena Michaels or her practice. I am a private party individual, here of my own accord, for the purpose of better understanding my physical, emotional, mental and/or spiritual issues.

8. I/We have read the above, understand it fully, have asked any questions for clarification and agree to these terms.

Printed Name:_____

Signature:_____

Date:_____

Printed Name:_____

Signature:_____

Date:_____