

Delynn Parker MA, MFT #108102

Counseling and Psychological Services for Adults, Teens & Children

DelynnParkerMFT@gmail.com www.delynnparker.com 415-305-8320

Office Policies & Consent for Therapeutic Services

Payments: The full fee of _____ is due and payable in full at the beginning of each session (50 minutes). If we made arrangements for you to have a reduced fee, it will be reviewed when there is a change in your income. I will give 30 days notice when there will be a moderate fee increase, usually once a year. I am available in between sessions for brief consultations via phone. If you need more time, I will charge a prorated fee per 15 minutes. If treatment requires me to talk to outside providers or provide other services outside of our session, I will provide you with an invoice for these services. (These services are not typically covered by insurance). Cash and checks are acceptable forms of payment. If you'd like to use Venmo or Paypal, please arrange with me and send before you come in for your appointment.

Appointment Scheduling & Cancellation Policy: Sessions are typically scheduled for once a week. I 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. Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours notice via phone is required for rescheduling or canceling an appointment. If you do not provide me with at least 48 hours advance notice, you are responsible for full payment of the missed session.

Telephone Procedures: If you need to contact me between sessions, please leave a confidential voice message or text (415) 305-8320 and I will reach out as soon as possible. I will attempt to keep any consultations and communications in between sessions brief due to my belief that important issues are better addressed within the session. I will provide therapeutic services on the phone as needed. Insurance does not cover phone or Skype sessions.

Emergencies & Confidentiality: If there is an emergency during our work together, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others. (See more info below, under Client's Rights). For this purpose I may also call your emergency contact person. In an event of a medical or psychiatric emergency, including a threat to your safety or the safety of others, please call 911 or the 24-hour crisis line for Suicide Prevention at (415) 781-5090.

Social Media: I do not accept friend requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). I believe that adding clients on these sites can compromise your confidentiality and our respective privacy.

Emails, Cell Phones, and Computers: It is very important to be aware that computers, email and cell phone communication can be accessed by unauthorized people and, hence, can compromise your privacy and confidentiality. Emails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Please do not email confidential information but email or text for logistics is fine.

Health Insurance & Confidentiality of Records: You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions and that you are responsible for verifying and understanding the limits of your insurance coverage. The 48-hour cancellation policy applies, so you will be responsible to pay out-of-pocket my fee for the missed session. As an out of network provider, I can provide you with a “superbill” (a receipt) on a monthly basis, which you can then submit to your insurance company for reimbursement. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Disclosure of confidential information is required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. Be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, and future capacity to obtain insurance.

Legal Proceedings: I do not provide services in contemplation of legal proceedings. However, if I do need to respond to a subpoena on your behalf, you will be billed my hourly fee. If I am called to testify in court about “what the patient said in session” and I give up an entire or partial day the client who requested the subpoena will be charged my daily fee.

Therapy Process: Participating in psychotherapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, can be slow, difficult and at times painful. Psychotherapy is not a guarantee of a cure. Your active participation will contribute greatly to getting to a place of greater understanding and relief from your challenges. The quality of the relationship between therapist and client is vital to the success of the therapy, so I welcome any input from you about how the process is going, new directions you want to take, or any questions or concerns you may have at any point. In my therapeutic work, I use a number of interventions including, but not limited to cognitive behavioral, psycho-educational, acceptance and commitment therapy, DBT, somatic experience, mindfulness and expressive arts therapy.

Client's Rights: You (the client) have the right to a confidential relationship with me (therapist). Within certain legal limits, information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission. I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

- You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content.
- If you authorize me to, I can release any part of your records on file to any person you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you.
- Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. Some of these legally defined situations include:
 - Revealing to me active child abuse or neglect; if a perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors; if active physical abuse of a dependent adult or an elder is taking place.
 - If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
 - If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
- You have the right to ask questions about any of the procedures used in the course of your therapy and their possible risks. If you could benefit from any treatment that I am not qualified to provide, I have an ethical obligation to assist you in obtaining those treatments.
- Should you choose not to enter therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.
- You have the right to discontinue therapy at any time. If either of us feels you are not benefiting from treatment, either one may elect to initiate a discussion of your treatment alternatives, including, among other possibilities, changing your treatment plan, referral to another professional, or terminating your therapy.

Videotaping: Case discussion, videotaping or audio-recording of sessions may be utilized for consultation or training purposes only but would never be done without your awareness and permission. Clinical consultation ensures that I provide the highest quality of service to you and your family. Use of this material for training purposes provides professional development for clinicians in training. Any training or professional development use of videos preserves client dignity and privacy and at no time reveals client identities. Please cross out any part of the following items you disagree with (or initial if you agree):

_____ *I agree to allow case discussion, video or audio taping for training and consultation.*

_____ I agree to allow expressive artwork, including photos of sand trays, to be used for consultation and/or training.

Ending Therapy: Proper termination is usually at the successful conclusion of therapy when client and therapist agree upon that course of action. We will discuss a plan for termination as you approach the completion of your treatment goals. Upon either party's decision to terminate therapy, I will generally recommend that you participate in one or two termination sessions. These sessions are intended to facilitate a smooth transition, giving you an opportunity to reflect on the work that has been done or experience a supportive healing transition from therapy.

I understand that Delynn Parker is a licensed Marriage & Family Therapist #108102 in the state of California. I have read, been given the opportunity to discuss my concerns, and fully understand the above information, concerning policies and informed consent. I authorize and request that Delynn Parker MA, MFT, carry out psychotherapeutic treatment, which during the course of my care as a client are advisable. I understand that the purpose of any procedure will be explained to me and be subject to my agreement.

_____	_____	_____
Print client name (or legal guardian if a minor)	Signature	Date
_____	_____	_____
Print client name (or legal guardian if a minor)	Signature	Date
_____	_____	_____
Delynn Parker MA, MFT - Psychotherapist	Signature	Date