

**INFORMED CONSENT & OFFICE POLICIES**

Welcome. I hope you find our time together worthwhile. Please read this outline of my policies which should answer some initial questions. Your understanding of this part of our professional relationship is important. I'll be happy to answer any of your questions.

**1. Fees:** The fee for the initial session is \$105. The fee for each 50-minute session thereafter is \$95 for individuals and \$105 for couples or families. I take VISA, MasterCard, cash or check. Make your check payable to Paul Vance. Please have your check written when you come into the session so that we minimize use of your therapy time for business transactions.

**2. Appointments:** The 50 minutes that has been reserved is your time. If you don't use the time, except in the case of an emergency, the regular fee will be charged (or the rate contracted with your insurance carrier) unless you cancel the appointment 24 hours in advance. If you arrive late, you will receive the remainder of your time at the full fee.

**4. Confidentiality:** By law you have the right to confidentiality and I, as therapist, am prohibited from revealing to any other person what you have said to me without your written permission. I do take notes and some of the information you share with me will be in your files. I am the only one who has access to those files and they are stored in a locked file cabinet. There are some circumstances in which your right to privacy must be set aside without your permission:

1. If I have knowledge or "reasonable suspicion" that child abuse/neglect, elder abuse, or abuse of a dependent adult has occurred, I am mandated by law to report the abuse to the appropriate agency.
2. If you threaten to harm yourself, and I believe your threat is serious, I am obligated to take whatever actions seem necessary to protect you from harm and see that you receive adequate care.
3. If I believe, from information you disclose, that you intend to perpetrate violence upon an identifiable victim(s), the law requires me to notify local authorities and the person(s) in danger.
4. If one of your family members communicates to me that you have expressed a serious intent to harm yourself or another, I am required by law to take whatever actions are necessary to protect people from harm.
5. If you (or someone representing you) introduce your mental health into legal proceedings, then your right to privileged communication is automatically waived and I could be court ordered to testify or release my records.

**5. Emergencies:** **In a life threatening emergency, call 911 or go to the nearest hospital emergency room.** For an urgent matter, call the Sacramento Crisis line at (916) 368-3111, or Suicide Hotline (800) 827-7571 or Sutter Center for Psychiatry at (916) 386-3077.

Please call me at (916) 990-1745 for all routine matters and to update me on an emergency after you have contacted the appropriate agency. On weekdays, I check my messages in the evening and will respond as soon as possible. I will respond to messages left on weekends on Monday. My number is my cell phone but it is locked and kept confidential so please feel free to call it at anytime. I will pick up if I am available and can talk in private, otherwise it will go to voicemail and I will call back. I can answer texts as well. My email is [drpaulvance@me.com](mailto:drpaulvance@me.com).

**6. Gold River Christian Counseling Associates (GRCCA)** is an unincorporated association of licensed therapists who are individual proprietors. Each therapist is solely responsible for his/her own business. I have no responsibility for the business activities or practices of any other therapist practicing in this suite at this business address.

**I/We have read the above statements and agree to these policies and procedures.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_