

**Ashley Crouch, MA, MFT MFC #89450
Licensed Marriage and Family Therapist**

415-553-5467

**414 Gough St., Suite 4
San Francisco, CA 94102**

Client Information and Consent

Psychotherapy can be a very special opportunity to understand more deeply the problems you are experiencing and to make the changes that are important to you. Therapy can be a fascinating and stimulating process. It can also be difficult, and at times, painful. While there are no guarantees, but your active participation will contribute greatly to this process.

Confidentiality

The information discussed in therapy is strictly confidential and will only be released with your written permission. Following are the exceptions to this policy.

- My legal obligation is to report the following: child, elder or dependent adult abuse; a serious threat of violence to another person; or if you are in danger of harming yourself or another person
- Any legal proceedings you are involved in may limit your confidentiality
- If I receive written authorization from you to discuss or document our work with a third party, such as an insurance company or another health care provider

Cancellations and Therapy Hour

It is important for the continuity of therapy that you come to all sessions. Since your appointment time is reserved exclusively for you, I have a **48-hour cancellation policy**. In other words, if you cancel within **48 business hours** of the appointment time, you will be charged for the session. In the case of an illness or family emergency, we can try to reschedule our appointment for the same week, although if same-week rescheduling isn't possible, you will be responsible for payment for the cancelled session. Sessions are fifty minutes long.

Fees

Payment is due at the time of treatment by cash or check. Fees are reviewed yearly and may be raised \$5-\$10 each year. If you are paying on a sliding scale basis, adjustments will be made as your financial situation changes. I encourage you to discuss any financial concerns or hardships as soon as they arise so that we can review our arrangement accordingly.

Availability

If you would like to speak with me outside of session for reasons concerning scheduling, fees or urgent issues that have arisen after session, please call my confidential voicemail and I will return your call as soon as possible. Phone contact that extends beyond 15 minutes will be charged on a pro-rata basis. Since I am unable to provide 24-hour services, if you need immediate attention you can call:

Crisis Hotline: 415-781-0500

SF General Psych Emergency: 415-206-8125

Insurance

I am not a contracted provider with insurance companies or managed care organizations. However, I can provide a monthly statement which you can submit directly to your insurance company and be reimbursed according to your policy.

By Signing below, you acknowledge that you fully understand and agree to the above policies.

Name _____ Date _____

Signature _____