

OFFICE PROCEDURES & INFORMED CONSENT FOR THERAPY

Description of therapy sessions

Individual and couples therapy sessions are scheduled for 50 minutes unless otherwise indicated.

Cancellation Policy

I have a 48-hour cancellation policy. If you need to cancel or reschedule, please do so more than 48 hours before your appointment time. If you cancel in less than 48 hours before the scheduled appointment, you will be charged for the session.

EAP Participants

I am not able to accommodate late cancellations. If you miss a session, I will refer you back to your EAP.

Fees and Payment

\$175 per 50-minute therapy session

Communication

My business phone number is (415) 633-6763. For non-urgent matters I will get back to you as soon as possible, usually within 24 hours during the week and less frequently on the weekends. There is no charge for brief telephone calls lasting between 5-10 minutes. Calls of 15 minutes in length or larger will be charged proportionally at my hourly rate.

In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Electronic Communication

Email will only be used for scheduling and not for personal counseling or conversations. I check and respond to email during regular business hours. If you need me to respond more quickly, please call and leave a voicemail message.

Email has significant limitations and confidentiality cannot be guaranteed. It is important to be aware that computers, unencrypted email and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. If you communicate confidential or private information via unencrypted email or texts, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted.

I have read carefully and understand these policies and procedures and am giving my informed consent to participate in therapy with Lori Kandels, MFT.

Signature and Date

Where did you find about me?

- | | |
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| <input type="checkbox"/> Personal referral | <input type="checkbox"/> Good Therapy |
| <input type="checkbox"/> Psychology Today | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Yelp search | <input type="checkbox"/> Online Counseling |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Other _____ |