

# OFFICE PROCEDURES & INFORMED CONSENT FOR THERAPY

## **Description of therapy sessions**

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

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will provide recommendations to you. Therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. We will regularly discuss your progress and will invite your participation in the discussion. Together, we will evaluate whether the therapy provided is beneficial to you. Your feedback and input is an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

## **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**

\$210 per 50-minute individual therapy session

\$250 per 50-minute couples or family 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.

## **Online Services**

I offer individual, couples and family session via remote conferencing platforms. Sessions are similar to in-person appointments, though many prefer the convenience of the online experience. Please be sure that you have a private space available when scheduling an online appointment.

### **When should I seek traditional face-to-face therapy instead of online therapy?**

- If you are having thought of harming yourself or someone else. Please call 911 or 1-800-SUICIDE for the National Suicide Prevention Hotline.
- If you are having psychotic symptoms.

### **Procedures should we encounter technical difficulties**

It is understood that when communicating via the internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. I typically use the HIPAA compliant version of Zoom. Zoom is more reliable if you close all other windows on your device. Should we be disconnected during an online video session, please call my cell phone at (415) 633.6763

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**

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**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 _____       |