

Dana Schneider MA, MFT  
\*Psychotherapy \* Divorce Related Issues \* High Conflict Co-Parenting  
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licensed marriage and family therapist #M13811

**OFFICE POLICY & AUTHORIZATION FOR SERVICES**

**PAYMENT FOR SERVICES:** *Patients* are expected to pay for services at the time services are rendered unless other arrangements have been made. Your fee for the session is \_\_\_\_\_. The nature of my practice often necessitates my writing a report, reading evaluations or extensive phone contacts with other professionals. These services will also be charged my hourly fee.

**INSURANCE REIMBURSEMENT:** If you would like me to provide you with a receipt for your insurance I would be happy to do so. Patients who carry insurance should remember that professional services are rendered to and charged to the patient and not the insurance company. I do not accept any third party payments or reduced rate for services from insurance companies.

**CONFIDENTIALITY:** All information disclosed within a session is confidential and may not be revealed to anyone without written permission except when disclosure is required by law. Disclosure may legally be required in the following circumstances: 1) where there is a reasonable suspicion of child or elder abuse; 2) where there is reasonable suspicion that the patient presents a danger of violence to others or is likely to harm himself or herself unless protective measure are taken; and 3) as required pursuant to a legal proceeding.

My practice includes working with children. All information disclosed by a child in a session is confidential unless it falls under the definition of legally mandated reporting described above. My stance is that it is important for parents to be included in the therapeutic process. Therefore periodically I will attain the child's permission to disclose information pertaining to their progress so that I can update the parents or other caretakers.

**PHONE CALLS & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please call and leave a message on my voice mail. I will return your call as soon as possible. I am not available to return calls after 7pm in the evening or 5pm Friday through 9am Monday. If you have an emergency that requires immediate attention, you can call the crisis clinic at 576-8781. If I am out of town I will leave the name of another professional on call for me on my answering machine.

**CANCELLATION/RESCHEDULING:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice** is required for rescheduling or cancellation of an appointment. This will allow me to offer appointments to others including yourself in the event of a need. The full fee will be charged and collected for missed sessions without the full **24 hours notice**.

If you have questions or concerns about these procedures feel free to discuss them with me I have read and understand the above polices. I choose to receive therapeutic services and consent to participation.

\_\_\_\_\_  
Signature of Patient or parent

\_\_\_\_\_  
Signature of Patient or parent

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date