

MARIANNE BINGHAM ROWE, M.S., L.M.F.T

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Marriage & Family Therapist
CA License No.: MFT 22067
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CLIENT RIGHTS AND RESPONSIBILITIES

Confidentiality: The law and ethics guidelines for Marriage and Family Therapists provide for the confidentiality of information you give to me. Records are kept under security. Information about you or your family will not be released without your prior written consent, with the following exceptions: when there is suspicion of child or elder neglect or abuse; when there is reasonable belief that you are a danger to yourself or to others; when there is a court subpoena for records or information from me; or when you yourself give me permission to divulge information.

If you would like more information about confidentiality, or if any of these provisions are not clear, please discuss them with me prior to our first session.

Appointments: Individual appointments are usually 50 minutes in duration, although additional time is spent between sessions in treatment planning and documentation. Longer sessions are available upon request and billing will reflect the additional time.

Cancellations and Missed Appointments: Each of your appointment times is reserved exclusively for you. In the event you are unable to keep your appointment, please cancel as soon as possible. For appointments cancelled at least 24 hours prior to the appointment time, there is no charge for the cancellation. *For appointments cancelled with less than 24 hours' notice or if you do not appear for your scheduled appointment, you will be held responsible for the full regular fee.* Please note that insurance policies will not pay for missed appointments, so if you are using health insurance and miss (or late-cancel) an appointment, you will be personally responsible for full payment of that session.

You may cancel an appointment by leaving a message at the office number (831-373-1017), 24 hours a day, seven days a week.

Fees and Payment: The fee for your 50-minute session is \$135. This fee applies to telephone consultations, either to you directly or to another person or agency on your behalf. There is also a charge for any requested reports or letters; the amount of this fee varies according to the time required for preparation.

Emergencies: Psychological emergencies do occur from time to time, and you are encouraged to arrange special appointments for these emergencies. Emergencies occurring after office hours may require your contacting me by calling the office phone number and leaving a message. I will make every effort to make myself available for your care as soon as possible. If, however, you need immediate care and are unable to contact me directly, please call 911 or go to your nearest hospital.

Communication between Appointments: If communication is needed between appointments, please call my office phone number (831-373-1017). If I am not available, please leave a message; I check for messages throughout the day and on weekends. I am often not on my computer during the day, so please do *not* communicate with me through email. As my office phone is a land-line, texting is not available.

If you have any questions about any of these policies or responsibilities, please feel free to discuss them with me before signing below.

I have read and understand the above conditions, and my signature below acknowledges my agreement to these conditions and my receipt of a copy of this document.

Client (or Parent or Guardian) Signature

Date