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OFFICE POLICIES AND PROCEDURES

ABOUT THE THERAPY PROCESS: It is my favorite intention to provide services that will assist you in reaching your goals. I believe that therapists and clients are partners in the therapeutic process. Due to the varying nature and severity of the problems and the individuality of each client, I am unable to predict the length of your therapy process or to guarantee a specific outcome or result. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either party may elect to initiate a discussion of your treatment alternatives.

INFORMED CONSENT FOR TELEPSYCHOLOGY: This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client and clinician are practicing social distancing for health reasons, as well as if someone moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful.

Psychotherapy can help you transform limiting beliefs, access your strengths, improve your relationships, and move toward a sense of wholeness and improved overall functioning. Progress and length of therapy vary from person to person, depending on a variety of factors including the nature and intensity of the presenting problems, the goals of treatment, motivation, and any life circumstances that may arise over the course of therapy. While most people benefit from psychotherapy, the process can be difficult at times and trigger some uncomfortable feelings. These feelings are a natural part of the healing process and can be a catalyst for change.

The therapist/client relationship is unique. So that therapy may be most beneficial, it is important that both therapist and client have a clear understanding of the responsibilities and commitments involved.

CONFIDENTIALITY: All communications and your presence here will be held as confidential except when you provide me with written permission to disclose specific information on your behalf or when the following circumstances apply:

- According to California and federal law, I may need to break confidentiality to exercise my duty as a mandated reporter of suspected child abuse, elder abuse, and dependent adult abuse. (This includes physical, emotional or sexual abuse and/or severe neglect).

- If you present a serious threat of harming yourself or are gravely disabled (unable to provide food, shelter, or clothing for yourself), I may need to break confidence to protect you.
- If you present a believable threat to harm another person or to property, I am required by law to warn that person of the possible danger, and to notify the police.
- If your records are subpoenaed by a legitimate court order, I may be required to provide them.

Periodically I may consult with professional colleagues if I believe that doing so will help me meet your needs more effectively. When doing so, I will take care to protect your privacy by excluding identifying information.

FEE SCHEDULE: The amount of your fee for psychotherapy will be established at the beginning of your therapy. My full fee is \$_____. I typically increase my fees approximately \$5 each year. I will announce any increase in fee at least one month in advance. If your fee has been adjusted due to financial limitations, you agree to report any changes in your financial situation so that fees can be readjusted accordingly. Fees are due at the beginning of each session. You may pay in advance if you prefer.

INSURANCE COVERAGE: If you have insurance coverage, I will provide you with the information you need to obtain reimbursement from the company. No information will be released to your insurance carrier without your written consent.

CANCELLATIONS: It is expected that if an appointment needs to be canceled, as much advance notice as possible will be given. Full charge will be made for sessions canceled less than 24 hours in advance. (Please note that insurance will not reimburse for missed sessions, even if advance notice is given). Treatment may be terminated at any time, but three final sessions are recommended in order to bring closure to the work.

LENGTH OF SESSIONS: All psychotherapy sessions are 50 minutes in length, unless otherwise arranged. I do not charge for brief phone conversations between sessions. If you would like a longer check-in, I charge a pro-rated amount of the normal weekly fee for phone contacts over 15 minutes in length.

EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message at my office phone number: (408) 608-7230 and indicate if your call is urgent. I will call you back as soon as possible.

The counselors in this office operate under the name of Alta Mira Counseling for advertising purposes only. I understand that Alta Mira Counseling is not owned by anyone and that it is not a partnership, a professional counseling corporation, or any other type of business entity. I understand that Alta Mira Counseling does not employ my counselor, and that the licensed counselors in this office do not share revenues with one another. I also understand that my counselor is the sole owner of his or her own private practice, and that each of the licensed counselors in this office are also the sole owners of their counseling practices.

Your signature below indicates that you have read and agree to the above policies and procedures.

CLIENT:

Print Name: _____ Date: _____

Signature: _____

COUNSELOR:

Print Name: _____ Date: _____

Signature: _____