

Rosa Lutrario, MSW, LCSW
License # 68921

OFFICE POLICIES

PROCESS OF THERAPY: Participating in therapy can result in a number of benefits including improvements in self-esteem, relationships, health, life satisfaction and specific problem area for which you are seeking help. Working towards these goals, however, requires ongoing effort on your part, and at times may result in uncomfortable feelings such as sadness, anxiety, anger or shame. Relationships with significant others may also change as a result of being in therapy because of changes in how you feel, communicate, relate and deal with conflict. Feelings also come up as well, in relation to the therapist and the therapy process. Please feel free to discuss any feelings or problems you may have regarding the therapy or to ask any questions about my approach or about your progress towards your therapeutic goals. If you begin to think about ending therapy, I encourage you to discuss your feelings about wanting to do this with me so they can be addressed. If you do decide to end therapy, you may request for me to provide you with referrals to other qualified professionals.

CONFIDENTIALITY: All topics discussed in therapy are confidential, and will not be shared with other without your written consent. However, disclosure is required by law if you make a serious threat to harm yourself or another, if you are unable to meet your basic needs, if there is reasonable suspicion or neglect or abuse of a child, elderly person or disabled adult, or if I am so ordered pursuant to a legal proceeding.

APPOINTMENT AND CANCELLATIONS: My appointments run for 55 minutes. Since the scheduling of an appointment involves reservation of a time set aside specifically for you, a 24 hour notice is required for rescheduling or cancelling an appointment. If for any reason, other than emergency, a session is cancelled less than 24 hours in advance, you will be charged for the full amount of the session.

PAYMENT AND INSURANCE: My fee for individual therapy is \$120.00. Payment is due at each session, unless other arrangements are made. If you are unable to pay full fee, a reduction may be worked out and will be based upon your income and expenses. Your fee has been set at _____ and will be reassessed periodically.

EMERGENCIES: To contact me between session, you may leave a message on my confidential voice mail (510) 903-2020 and I will return your call as soon as possible. **If an emergency situation arises call 911 or go to the nearest hospital. For additional support with urgent psychological needs, you can contact the Alameda County mental health linkage line at 1.800.494.9099 (<http://www.acbhcs.org>), or for support in San Francisco, you can dial 415.255.3737 (<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/>).**

I UNDERSTAND AND AGREE TO THESE POLICIES AND GIVE MY CONSENT TO TREATMENT.

SIGNATURE

DATE