Ronald A. Alexander, Ph.D. M.F.T.
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A Professional Marriage and Family Therapist Corporation
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POLICIES

SCHEDULING AND RESCHEDULING: You and I will schedule one or more regular times to meet on a weekly basis. If you are unable to keep a scheduled appointment time you must notify me at least 72 hours in advance, and reschedule. Otherwise, you will be responsible for payment of that session. Consideration for exception to this rule will be given when extenuating circumstances exist.

SESSION DURATION: Sessions are 45 minutes for individual psychotherapy, and 50 minutes for couples, starting from the time scheduled. If you arrive late for an appointment, your time will have begun as scheduled, and you will not have a full session. Please allow an extra 10-15 minutes in your schedule, as it is not uncommon for emergencies and other patient delays to cause setbacks. When this happens, your session time will begin as soon as I am available.
Phone Time: Phone calls outside of normal office appointments lasting longer than five minutes are billed in increments of 15 minutes.

FEES: Your per session fee will be_____.

PAYMENT: Payment is requested at each office visit. Please have your check made out in advance so we do not lose valuable time in the session.

VACATION TIME: I am away for teaching assignments and professional meetings 8-10 weeks throughout the year. I will announce vacation dates in advance so that we may plan accordingly.

INSURANCE: Fees must be paid to me directly. If you will be submitting invoices to your insurance company for reimbursement, I will assist you by providing a monthly statement.

CONFIDENTIALITY: All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child or elder abuse, where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding. Parents of minors have a legal right to information and to give consent for treatment, unless as otherwise stated by law. However, minors have the right to a confidential relationship and these confidences will be respected as deemed appropriate by the therapist.

LIMITATIONS AND HARM DUE TO THERAPY: Therapy can help you find better mastery of your life, but sometimes-therapeutic goals cannot be achieved. I consider it my professional duty to help you acknowledge the possible limitations of your therapy. It may not be successful. You benefit from knowing that therapy can also be harmful, as for example a realization might cause a harmful response. There are no guarantees in life, and therapy is no exception to this rule. However, this therapist is committed to assess your therapy realistically, and to attempt to work in your best interests.

I have read, acknowledge, agree to, and understand the foregoing.

Name (Please Print) _____ Date: _____

Signature: _____

Parent Name and Signature if client is a minor_____