

## **INFORMED CONSENT POLICIES FOR SPIRITUAL GUIDANCE PRACTICE**

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**Welcome. Please read the following office policies. Your signature below (or returning an email with “I agree to the policies in the Informed Consent,”) signifies that you understand and agree with these policies, and freely consent to treatment. Please be aware that I am a licensed psychotherapist in the State of California only, and all work I conduct outside of the state is Spiritual Guidance and Consultation.**

### **CONFIDENTIALITY**

**Legal and ethical codes require that information provided during psychotherapy be kept confidential except under the following circumstances.**

**Release of Information: There may be circumstances in which it will be necessary or beneficial to release or exchange information about your treatment with other professionals such as your primary care physician or another therapist. In these situations, I will ask that you sign a Release of Information form.**

### **Legal Limitations to Confidentiality:**

- I may disclose limited information to necessary people without your permission if I have clear evidence that you are a serious danger to yourself or others.**
- I am mandated to breach confidentiality if I learn of an incident of child or elder abuse by you or anyone else.**
- There are also some situations where the court can mandate that I release your records.**

### **FEES**

**My fee per session (50 minutes) is \$225. 50 minutes sessions. Longer sessions are available for crisis, couples, dyads, mediation in spiritual conflict, etc. Your spiritual guidance session includes the business aspects of arrangements such as scheduling and payment. For those who live at a distance, you are welcome to pay via check or via paypal (preferred): [mariana@realspirituality.com](mailto:mariana@realspirituality.com). If you don't have paypal, it is very easy to get at [www.paypal.com](http://www.paypal.com) or we can arrange an option to send a check. If you are sending a check via mail, please try to have them to me on or before our session and write the dates on the checks of the sessions you are paying for.**

- ***Payment is due at or before each session. I update my book-keeping approximately once/month and will send email updates for late payments.***
- ***Approximately once/month I will reconcile the month and follow-up if payment is not received, and will bill you then. If clients are behind more than a month, we will need to discontinue therapy until you are caught up.***
- ***I accept check, cash and paypal. I do not work directly with insurance companies but can provide you a superbill. Many clients have had success being reimbursed for their sessions.***

## **SCHEDULING AND CANCELLATION POLICY**

**I require one week's notice to cancel a session without charge. However, if, due to illness or another emergency you cannot make your scheduled appointment, and we are able to reschedule your appointment during the same week, you will not be charged a cancellation fee. Please note that, while I make every effort to reschedule in emergency situations, *it is often the case that there are no available times for rescheduling.***

### **Late Cancellation or Missed Appointment Fee:**

**Cancellation requires 7 day's notice. If an emergency causes you to cancel a session with less than a week's notice but more than 24 hours (and I am not able to reschedule for the same week) you will be charged**

**a cancellation fee of one half of my normal fee. *If cancellation occurs in less than 24 hours notice, the full fee is charged.* Please note that cancellations within the 7 day period not due to emergency will be charged full fee.**

## **PHONE CALLS AND COMMUNICATIONS**

**Although I will often call you from a landline, to leave any messages for me, please call: (415)320-5966. If you need to talk with me between scheduled sessions, please leave me a message: (415)320-5966. Please only call late at night and in the middle of the night if it is an emergency. I check for messages Monday through Friday, and less frequently Saturday through Sunday. In emergencies I will get back to you as soon as possible. There is no charge for calls of less than 10 minutes.**

## **EMAIL**

**I am happy to schedule appointments via email. If you would like me to review documents, correspondences, or respond to email that exceeds 10 minutes of time, there is a fee prorated based on your fee for a 60 minute session.**

## **DRUG AND ALCOHOL USE**

**I recommend no drug or alcohol use 24 hours prior to and after a session to optimize your benefit from the psychotherapy.**

## **CONSENT TO TREATMENT**

**Initial Assessment: I believe that it is important to assess the fit between the client(s) and therapist. For this reason, I always view the first session or two as a period for initial assessment. Within our first two sessions I will discuss with you the approach that I believe will be effective in treating your issue and will give you an opportunity to choose your course of action.**

**Treatment Planning: In the beginning and throughout our work together, I will collaborate with you to establish clear goals for the outcome of your therapy. We will develop a plan for reaching these goals. Over time, we will define specific areas of focus, identify particular skills and capacities which need to be developed, and implement procedures that can help you develop them. As part of this,**

**keep me informed about your experience in therapy. Please ask questions, express concerns and give me feedback on a regular basis.**

**Termination of Sessions: You have the right to terminate treatment any time you wish. However, in some circumstances people feel that they want to stop work together when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason, I request at least one session to discuss termination under all circumstances, and one closure session.**

**THANK YOU, for trusting me to assist you in your psychological growth and spiritual unfolding.**

**I have read and understand the above policies and information, and freely give consent to treatment.**

**Signature**

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**Date:**

**Signature**

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**Date:**