



Explore & Express Family Counseling

Barbara Devaney, LMFT, REAT

PSYCHOTHERAPY • EMDR • EXPRESSIVE ARTS THERAPY • CONSULTATION

MFC 43190

General Information and Policies

Confidentiality

All information discussed in therapy is confidential. I must have your permission before I can/will disclose any information concerning your treatment, except under the following circumstances:

Legal Limitations: I am obligated by law to disclose information concerning your treatment if 1) I have clear evidence that you are a danger to yourself or others, 2) you tell me about an incident of child or elder abuse by yourself or someone else that indicates that a child or elder might be in current danger, 3) if there is court order for me to either appear in court, or to produce a client's chart.

Insurance Information: At your request I will also give specific information to your insurance company so that you may receive reimbursement. This information may include dates of appointments, diagnosis, and a treatment summary. It is my policy not to release copies of my notes to insurance companies.

Professional consultation: I may periodically discuss your therapy in consultation (anonymously) with other psychotherapists.

Fees

My fee for a therapy session is \$160.00 or your insurance co-pay. My fee increases on a yearly basis. Sessions are 45 minutes in length. I schedule appointments to begin and end on time, and ask that you make every effort to be on time.

All fees must be paid by check or credit card (with additional 3% for CC to cover the bank charge) at the time of your scheduled therapy appointment.

If you need to talk with me between scheduled sessions, you may leave me a message at any time at 415-267-1831. I check for messages several times a day, and will usually call you back within a few hours. Please remember to always leave your number and a few specific times when I can reach you.

There is no charge for calls or emails less than 10 minutes. The charge for calls and/or emails of 10 minutes or more is prorated based on your fee for a 45-minute session.

Cell Phones

In order to have a safe space and uninterrupted time, I ask that you silence and put away your cell phone.



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Cancellation Policy

For therapy to be effective it is important to attend appointments weekly or bi-weekly. If you are unable to keep your appointment due to illness or emergency, please notify me as soon as you become aware of the problem. My voice mail is available 24 hours a day. If 24 hours notice is not given, or if it not an emergency, you will be charged for your appointment.

Late for Session

If you are going to be more than five minutes late for our session, please call me at **415-267-1831** and let me know. If you are more than 15 minutes late and have not called to let me know, then I will assume that you are not coming to the session.

Signed: _____ Date: _____