NANCY R. BURNS,M.A.,M.F.T.
105 Morris Street, Ste. 220
Sebastopol, Ca. 95472
707 217-2678

COUNSELING AGREEMENT

Before beginning this explorative journey together, there are basic policies and procedures that I need you to be aware of. I will be glad to answer any questions or address any concerns you may have. Your signature will indicate you understand the following:

I am a licensed Marriage and Family Therapist, license #
MFC 30316

SCHEDULING AND FEES

Sessions are 50 minutes. When you make an appointment, that time is reserved for you. Please give a minimum of 24 hours notice if you need to cancel or you will be charged for the time reserved. You are expected to pay for services at the time they are rendered, unless we have made other arrangements. Payment and other business is conducted at the beginning of the session.
Fees are established before the initial session. Any necessary fee increases will be announced four weeks in advance. All checks are to be made payable to Nancy Burns. Please let me know if your financial situation changes so that we can make any necessary adjustments.

Individuals : $130 per 50 min., $195 per 80 min. session
Couples: $150 per 50 min, $225 per 80 min. session.
Families $150 per 50 min. sessions
Groups: $35 per 90 min. session.

CONFIDENTIALITY

Our sessions are kept confidential. Any records I keep are also kept confidential. No information is released or obtained without your signed consent with the following exceptions:

*Upon receipt of valid court orders (not attorney's subpoena), and after legal consultation, it may be necessary to make information/records available.
*Behavior or information that causes me to believe you may harm yourself or others.
*I am required to report any abuse or neglect of children, the elderly or dependent adults.
*Groups - if you are in a group, please note that any identifying or situational information of any member is completely confidential as well.
*Insurance companies are allowed to obtain information if you are submitting a claim.
*In addition, our work together may be presented in consultation. Your name will not be disclosed, and you will not be charged.

PHONE CONTACT

If you need to contact me between sessions, please leave a message on my answering machine and I will get back to you as soon as possible. The first 10 minutes are free, after that the call will be prorated each 15 minutes.

EMERGENCIES AND BACK-UP COVERAGE:

Colleagues will be covering for me when I am away and you will be given more information at that time, should you prefer a supportive back-up. When they or I am not able to get back to you and/or in case of an emergency, you may contact the 24 hour Psychiatric Emergency Services across the street from Community Hospital in Santa Rosa, at 3322 Chanate Road. The phone number is 576-8181.

CLIENT ACKNOWLEDGEMENT:

I have read and do understand the information above and agree to a fee of________________.
I authorize Nancy Burns to release any mental health treatment information to my insurance company that is necessary to effect treatment or claim payment. I further authorize payment to Nancy Burns, provider of service.

Signature________________________________date____

PARENTAL OR GUARDIAN CONSENT FOR TREATMENT OF MINORS:
Other than certain legal exceptions, Parents or Guardians are required to give written consent, at the bottom of this form for the treatment of minor children. Family or parental sessions may be part of the therapy process.

CHANGE OF STATUS:
Please notify me of any change of address, phone number, finances,etc. immediately.

TREATMENT OF MINORS

I give my permission for________________________________to receive the services of Nancy R. Burns, M.A., M.F.T., from this date forward and until treatment is terminated.

Signature_______________________________date___________

Signature______________________________date____________