

Kathy Steele, M.A., M.F.T.  
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**949-274-5240**



Client: \_\_\_\_\_ Date: \_\_\_\_\_

### Confidentiality and Limits of Confidentiality

Kathy Steele offers psychotherapeutic services in accordance with California State Law. California law requires the therapy relationship to be both professional and confidential. What is revealed in this setting is protected by legal, professional, and ethical standards such that, with a few important exceptions, all material is confidential and not released without your written consent. Ethically and legally, however, if there is a reasonable possibility of harming others or yourself; then as a Marriage and Family Therapist, Kathy Steele, is responsible to inform others, in order to protect them or yourself. If there is an emergency during our work together, or I become concerned about your personal safety, who would you like me to contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Also, the State of California requires that if there is a reasonable possibility of child abuse or elder abuse, this must be reported to the proper protective service immediately. There is no statute of limitations according to California law, so conceivably a report might be required for an instance of abuse that occurred many years ago even if it is no longer occurring. Depending on the exact circumstances, this could result in an investigation of that possibility. Any investigation would determine if the law has been broken and if legal action is warranted.

### General Office Policies

**Appointments:** Services are provided by appointment only. Your scheduled appointment time is reserved specifically for you. While one hour is typically scheduled for an appointment, you will only be seen for 45 to 50 minutes. The remainder the time is used to maintain your clinical records.

**Phone Calls:** I am available to return phone calls Monday through Saturday between the hours of 9 a.m. and 7 p.m. If you leave a message for me and I do not respond within four hours, please call again to ensure that my phone system is working properly.

If you need to make more than occasional calls that are other than scheduling related, I may encourage you to increase the amount of time we have together in the office. I have found this to be the best way to address my clients needs. When phone consultations are necessary and they last more than ten minutes, you will be billed for the time. You will not be billed for routine scheduling or information calls. In the case of a dire emergency please call your own medical doctor or go to the nearest emergency room.

**Cancellations:** Normally, appointments canceled with less than 24 hours notice will be charged at the regular fee we have agreed upon. If an emergency arises and you cannot keep your appointment please call so that we can discuss the possibility of rescheduling. If we are unable to reschedule your appointment within the same week, you will be charged our agreed upon fee.

**Termination:** When it is time for therapy to end, it is important to complete the last sessions. These last sessions are an important part of the therapeutic process. If you decide at any time that you want to terminate, please inform me so we can discuss the process.

**Fees:** Our agreed upon fee is \$ \_\_\_\_\_ for a 50 minute psychotherapy session. Please pay at the end of each session. I suggest that you make out your check before each session begins, so that our time will be best used. If you are unable to pay this fee, or during treatment you need to discuss reducing the fee, I will be glad to explain your various options. When planning a fee increase, I will give you at least six weeks notice.

**Other Services:** Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services will be based on the time involved in providing the service at my regular fee schedule.

**Commitment:** I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. I encourage you to make a commitment to yourself that you are willing to work hard and honestly with yourself and me to make the most of your sessions. Please do not hesitate to ask any questions about therapy, the process, my experience and qualifications, risks and benefits of therapy or any concerns you may have. I look forward to working with you.

My signature below indicates that I understand and agree with the confidentiality and limits of confidentiality as well as the general office policies.

Client Signature: \_\_\_\_\_ Kathy Steele: \_\_\_\_\_  
(or client's parent or guardian)