**About Psychotherapy**

 Therapy can help children relieve distress, learn to express feelings adaptively, and improve their behavior and feelings about themselves. It requires collaborative work with parents and other caregivers. Your openness, honesty, and commitment will affect your child’s progress, and so will other aspects of your child’s life, such as history and relationships with family, friends, and other important people. The length of treatment varies. While therapy is meant to be helpful, it often evokes painful or difficult feelings.

 You are your child’s advocate and an active participant in treatment. You can provide input regarding treatment goals and can decline any form of treatment about which you are uncomfortable at any time. You are always in charge of the decision to continue or end therapy. Because important feelings often influence a desire to leave, I do encourage you to talk things over with me before stopping our meetings.

**Payment for Services**

 My fee is $150 per 50-minute session for families and minors. I will bill for extended phone consultations at a rate equivalent to the hourly fee. **At the start of each session, checks are to be made payable to Payal Mehta.** There will be a $50 additional fee for returned checks. Unpaid balances must be cleared prior to scheduling further appointments.

**Cancellations**

 Once we agree on a regular time or times to meet during the week, I will reserve those hours for you. I will not charge you for sessions that you cancel with at least 24 hours notice, up to five (3) sessions per calendar year. I am also happy to try to reschedule sessions that you cancel with less notice.

 If we cannot find an alternative meeting time within the same week, however, I will bill you for these missed hours. Payment for missed appointments or late cancellations is due at the start of the next scheduled session.

**Licensed Professional Counselor**

 I am a Licensed Professional counselor (LPCC 1844) registered with the State of California.

**Confidentiality**

 Anyone who seeks psychotherapy has a basic right to privacy. All consultations and records are confidential. I normally will not inform anyone about any aspect of therapy unless you specifically ask me to do so. I also will protect you and your child’s identity in any professional consultations that I seek.

 Under some circumstances, the law requires or permits me to disclose information: (1) if I have reason to suspect that a child, dependent adult, or elderly person is being neglected or abused; (2) if you or your child are in danger of seriously hurting yourselves or someone else; (3) under the conditions of some subpoenas or court orders. (Please ask if you have any questions.)

 For therapy when parents are involved, confidentiality does not apply among the participants. I will use clinical judgment in revealing information in these situations.

**Emergencies**

 In an emergency, please call 911 or a crisis hotline. You can leave me a message at any time; however, I may not be available to call you back quickly. I return calls during my regular work hours (Monday through Friday 9 am to 7pm).

The Willow Rock Center provides crisis services for adolescent ages 12 -17 (510) 483-3030. For children ages
4 -17 contact Children’s Hospital at (510) 428-3000.

**I have read and understand these policies, and I consent to treatment.**

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Printed Name

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Signature Date

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Printed Child Name