

Claudia Viadro, MA  
Licensed Marriage and Family Therapist  
CA License # 41816  
707-332-9754  
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This document is intended to provide important information to you regarding my practices, policies, and procedures. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents prior to signing.

#### APPOINTMENTS, HOURS AND LOCATION

Individual appointments last approximately 55 minutes and can be scheduled by calling (707) 332-9754. Please leave a message. Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, please notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours notice in advance, you are responsible for the payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

My mailing address is P.O. Box #2501 Petaluma, CA 94953-2501.

#### FEES AND INSURANCE

The fee for service is \$120.00 per individual session. Fees are payable at the time that services are rendered. Please ask me if you would like to discuss an alternative payment procedure. I do provide a sliding scale for clients who are unable to pay the full fee, and we can discuss those details together. If we do agree on a reduced rate and your financial situation improves we will re-visit the agreement.

Please inform me if you wish to utilize health insurance to pay for services.

Patient is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third party payor. Patient is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles.

#### PATIENT LITIGATION

Therapist will not voluntarily participate in any litigation, or custody dispute in which patient and another individual, or entity, are parties. Therapist has a policy of not communicating with patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should therapist be subpoenaed, or ordered by a court of law to appear as a witness in an action involving patient, Patient agrees to reimburse Therapist for any time spent in preparation, travel, or other time in which therapist has made herself available. Please see Court Policy.

## CONFIDENTIALITY

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. (Please see Notice of Privacy Practices.) If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all persons who participated in the treatment with me provide their written authorization to release such information. Exceptions to confidentiality, include, but are not limited to, reporting child, elder, and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

## THERAPIST AVAILABILITY/EMERGENCIES

If you receive my voicemail, please leave a message, and I will get back to you as soon as I am able, usually within 24 hours. Lengthy telephone consultations beyond 15 minutes may be prorated and billed at my standard hourly rate for professional service. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. Additional resources available are the Sonoma County Mental Health 24 Hour Hotline- 800-746-8181

## ABOUT THE THERAPY PROCESS

It is my intention to provide services that assist you in reaching your goals. Based upon information you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment. Psychotherapy is a process in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence.

Such benefits may require substantial effort on your part, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, and behaviors. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times when I might challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Please be aware that any decision on the status of your personal relationships is your responsibility. Many Patients find they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating.

I believe we are partners in the therapeutic process. You have the right to agree or disagree with any recommendations I have for you. I will periodically provide feedback to you regarding your progress and I invite your participation in the discussion as well as any feedback you have during our work together. Due to the varying nature and severity of problems and the individuality of each person, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

#### TERMINATION OF THERAPY

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for the end of our work together collaboratively and in agreement. This being said, you may discontinue therapy at any time. If you or I believe you are not benefitting from treatment, we can discuss treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask me to address any questions or concerns that you have about this information before you sign.

- I have been informed of the limits of confidentiality.
- I understand that I must cancel an appointment 24 hours in advance, or pay the fee for the missed session.
- I agree to pay \$\_\_\_\_\_ per 55 minute session. If I am paying on a sliding scale and my financial situation changes, I will discuss an adjustment of this fee.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_