Ruth Greenberg, MS, LMFT, #45630 754 Norvell St El Cerrito, CA 94530 510-717-4485

Informed Consent

<u>Confidentiality</u>: All information between therapist and client is held strictly confidential. There are four exceptions: 1) The client authorizes or requests the release of information. 2) The therapist is court ordered to release information. 3) A client is a threat to self or others. 4) Abuse is suspected of a child, dependent, or elder. In the latter two cases I am required by law to inform potential victims and/or legal authorities so that protective measures can be taken.

<u>Fees:</u> The fee is due at each session. I accept cash, credit cards and checks made out to *Ruth Greenberg*. I may raise fees \$5-\$15 annually.

<u>Cancellation</u>: If the client must cancel an appointment, I require at least 24 hours advanced notice or the client will be billed for the missed session. Missed sessions will be rescheduled when possible.

I, _____agree to the above terms. Date:_____

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