



Jennifer Woodward, MS, LMFT

LIC# 114372

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Description of therapy sessions

Individual therapy sessions are scheduled for 50 minutes unless otherwise indicated. For couples and individuals. To ensure the consistency and momentum necessary for change, I require treatment clients to make a commitment to **weekly** sessions. Typically, I recommend at least 3-6 months of treatment.

Please note, I do not see treatment clients less frequently than once per week. The only exception to a weekly treatment schedule occurs when we are tapering down sessions in preparation to end treatment in which case, we may meet biweekly for the last 1-2 months. Otherwise, treatment consists of once per week sessions.

Initials _____

Cancellation Policy

There is a required 24 hour notice to cancel scheduled appointments. If you fail to cancel 24 hours before your appointment, you will be required to pay your full fee for the missed session.

Initials _____

Fees and Payment

\$215 per 50-minute intake individual

\$315 per 50-minute intake couple

\$185 per 50-minute session individual

\$300 per 50-minute session couples

All payments including copayments are due on or before the session.

Acceptable methods of payment are Cash, Square (credit card on file), Venmo and PayPal.

Venmo & PayPal are not compliant with health information privacy laws, and they may share information about payment for health care with others. If you choose to use Venmo or PayPal for health care services after reading the non-compliant warning above, please initial stating your acknowledgement.

Initials _____

For subsequent sessions with established clients who will be attending regularly scheduled appointments, payment can be made weekly or monthly. ***Initials _____***

Communication

My business phone number is (805) 550-3621. For non-urgent matters, I will get back to you as soon as possible, usually within 24 hours during the week and less frequently on the weekends.

Electronic Communication

Email has significant limitations and confidentiality cannot be guaranteed. It is important to be aware that computers, unencrypted email, and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes in particular are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. If you communicate confidential or private information via unencrypted email or texts, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted and will honor your desire to communicate on such matters.

Initials _____

Required Reporting:

State Law and Professional Ethics require all mental health professionals to protect your confidentiality except for the following situations, in which we are required by law to file a report with the appropriate agency or authority:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. If there is a serious threat of physical harm or injury to a reasonably well-identified victim.
3. When the client communicates a threat to injure or kill herself/himself to the mental health professional.

Confidentiality:

1. I maintain a “no secrets” policy when working with couples. It is in a couple’s best interest to have the individuals not keep secrets from each other over time. If one member of a couple reveals information about the relationship to me and indicates that this information is to be kept confidential from her/his partner, I will make an informed decision about whether keeping this information secret would be in the best interest of the couple and your goals. If it is determined that keeping this information secret jeopardizes the goals, I am under no obligation to keep this information confidential.
2. The laws and standards of the therapy profession require that any records be stored in a locked cabinet or in secured electronic devices. All session notes, contact information, and any other client or treatment related documents will be kept in a locked and secured location, consistent with the laws and regulations for the storage of private health information.
3. Clients under 18 do maintain the same rights of confidentiality as adults. However, confidentiality may legally be broken in the case of court proceedings or suspected child abuse.
4. All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances.
5. Please be aware that any communication by cellular phone or e-mail cannot be guaranteed as secure and confidential communication.

Your Agreement to the Above Terms and Conditions

I have read carefully and understand these policies and procedures and am giving my informed consent to participate in counseling with Jennifer Woodward LMFT# 114372

Client Signature: _____

Date: _____

Client or Parent/Guardian (*if therapy is with minor*):

Date: _____

Therapist Signature: _____

Date: _____