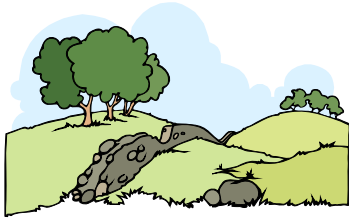


F. Michael Montgomery, LCSW, MFT

1209 College Avenue • Santa Rosa, California 95404 • (707) 578-9385

E-mail: fmm@inner-healing.com • Web: www.inner-healing.com • Fax: (707) 578-9271



Therapy for the heart, mind, body and spirit in a safe and healing setting

Office Policies and Consent

The following statements are described to insure that you are aware of your rights and responsibilities. If you have any questions please discuss them with me. Please put a \checkmark by each statement in the \square to indicate that you have read and understand it.

- All information disclosed within sessions and any written records are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.
- I (the client) understand that disclosure is required by law in the following instances:
 - if a client presents an eminent danger to self or is gravely disabled (severely disoriented or in danger from a medical condition or medications);
 - if there is *reasonable* suspicion of child, dependent or elder abuse or neglect;
 - if a client expresses a serious threat of harm to an identifiable person, that person and the police must be informed.
- I (the client) understand that disclosure may be required in pursuance to a legal proceeding. I understand that information, records, or testimony about me may have to be produced if there is a court order or subpoena.
- I understand that I may receive a summary of my records, except in limited legal or emergency circumstances or when my therapist deems that releasing such information might be harmful in any way. In such cases, my therapist will provide the records to any appropriate and legitimate mental health professional of my choice.
- I may withdraw from treatment at any time.
- I understand that I am expected to pay the standard fee of \$110 per 45-50 minute session at the time of services rendered unless other arrangements are agreed upon in advance. Special arrangements: _____
- I understand that any cancellations without notifying my therapist 24 hours prior to my appointment time will be charged to me at full fee. To cancel, I only need to leave a voice mail message at 707-578-9385.
- To contact my therapist between sessions, I may leave a message at any time at 707-578-9385 on the voice mail. Messages are checked a few time a day during the week and a couple of times over the weekend. *If I am in danger to myself or others* I will call Psychiatric Emergency Services, the 24hour crisis line for Sonoma County at 707-576-8181.
- I understand this consent covers me and any minor children, and I authorize treatment for myself and any minor children involved in treatment.
- I have read and understand the above statements and I will receive a copy of this form:

Signature(s)

Date