

Ann Gold Buscho, Ph.D.  
Licensed Clinical Psychologist (PSY 16643)  
711 D Street, Suite 207  
San Rafael, CA 94901  
(415) 456-0952

## **OFFICE POLICIES AND GENERAL INFORMATION**

### Confidentiality

Confidentiality in therapy is protected by California law, with some mandated exceptions. Disclosure is required when I have reason to believe that you are in danger of hurting yourself or someone else; in cases of suspected child or elder abuse and/or neglect; or pursuant to a legal proceeding. In couples and family therapy, confidentiality does not apply between the couple or family members. Disclosure of confidential information may be required by your health insurance carrier in order to process your claims. Confidentiality of cell phone or email communication cannot be ensured.

### Telephone and Emergency Procedures

If you need to contact me between sessions, please call my office at 415-456-0952 and your call will be returned as soon as possible. If your call is urgent, please indicate it clearly in your message. No charge is made for brief telephone conversations. Calls longer than ten minutes are subject to a charge based on the length of the call. In an emergency, you can call Psychiatric Emergency Services at 415-499-6666. **Please do NOT use email for communication that is either urgent or confidential.** I normally check email once a day in the evening.

### Payments and Insurance Reimbursement

My fee is set for when we begin our work. Fees cover 50 minute sessions and are pro-rated for longer sessions. Fees are due at the start of each session. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. If you have insurance, note that professional services are payable by you. You may request a receipt for submission to your insurance company for reimbursement.

### Cancellations and Missed Appointments

Since the scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 48 hours notice is required** for cancellations. Unless we agree differently, the full fee will be charged for sessions missed without such notification.

### Process of Therapy

Participating in therapy can result in a number of benefits to you, including improved interpersonal relationships, increased self-awareness, and resolution of the specific concerns that led you to seek therapy. In working to resolve issues between partners, family members or other individuals, it is important to remember that changes may result that were not originally intended. I look forward to our work together.

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I have discussed my areas of concern with Ann Gold Buscho, Ph.D. and have chosen to utilize her counseling services. I have read and understand Dr. Buscho's policies and procedures regarding counseling/therapy, and have been advised of my right to confidentiality, and its exceptions.

I agree to pay fee for service, as agreed, per 50 minute session, and to cancel any session at least 48 hours in advance or be charged for it. I understand that fees are due at the start of each session or paid in advance.

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Signature

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Date

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Ann Gold Buscho, Ph.D.