Sarah Y. Kerem, MFT

Licensed Marriage and Family Therapist MFC 39860
1665 Creekside Drive, Suite 106
Folsom, CA 95630
(916) 985-7212

Thank You for Selecting Me as Your Therapist

Therapy is a process that may lead to problem solving, resolving grief and loss issues, and reaching personal goals. You may experience changes that have benefits and risks, and such changes can effect how you relate to others. Moreover, changes in relationships may occur. Sometimes throughout the process, you may feel worse before you feel better. I trust that you will let me know when you are having unmanageable painful feelings and call 911 or go to the hospital should you be in crisis away from our sessions. I look forward to working with you.

- **Office Address**

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- **Confidentiality Statement**

The law and ethics of psychotherapy protect your right to privacy. Information about you will not be released without your prior permission, except for the following:

1. Suspicion of child, dependent adult, or elder neglect or abuse.
2. Reasonable belief that you are a danger to yourself or others.
3. Insurance company requires a report of your diagnosis, therapy needs, and goals, for authorization of benefits.

If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. I maintain a "no secrets" policy with couples or family therapy. Individual therapy may be an option if a secret needs to be kept for safety reasons.

- **Permission for Treatment**

I, _____, give my permission to Sarah Y. Kerem, MFT, to see my son / daughter, _____, for treatment of counseling. I have the legal right to consent for treatment. This authorization is effective immediately and shall remain in effect until the termination of therapy, unless otherwise revoked by the undersigned.

- **Cancellations**

For cancellations, please call me **24 hours** in advance of your scheduled appointment. Otherwise, you will be charged for the full session fees unless you have an obvious emergency. Your insurance company does not cover late cancellations or missed appointments and you will therefore be responsible for the fee of $110.

- **Fees**

My standard fee is **$120 per 50 minute session, due at time of service**. Phone consultations lasting longer than 10 minutes will be charged at a rate of $30 per 15 minute increment. I will accept contract rates with insurance providers that may be less than my standard fee. If needed, I will offer referrals so that your counseling needs may be met by another, more affordable professional. You will be responsible for any fees incurred due to returned checks.

"I agree that I am responsible for payment due at time of service. I understand and agree to the above conditions and hereby request psychotherapy services."

Signature of Client	Date	Sarah Y. Kerem, MFT	Date
Signature of Client/Parent	Date	Signature of Parent / Legal Guardian	Date