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Policies and Consent

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Following you will find important information about my psychotherapy practice. I invite you to read this document carefully and entirely, and to let me know if you have any questions.

Confidentiality

You have the right to the confidentiality of your therapy. I will need your written permission to speak about you with anyone, including other health care providers. The following are the instances in which I can disclose information about you without your permission:

- **If I believe that you are in imminent danger of harming yourself, I can share this information in an effort to keep you safe.**
- **If I have good reason to believe that a child or vulnerable adult is being harmed, or at risk of being harmed, I will need to inform the authorities.**
- **If I have good reason to believe that you will harm another person, I must attempt to inform that person must also contact the police.**
- **If a judge requests your records.**

The records that I keep of our meetings are maintained in a secure location that cannot be accessed by anyone else.

Fees

My fee is \$185 per a 50-minute session, and \$265 per an 80-minute session. Payments can be made via check, cash or PayPal and are due the day of your scheduled appointment, unless otherwise agreed upon. If you are paying a reduced fee due to financial constraints, you are responsible for letting me know of any change in your financial situation, that would make it possible for you to increase the fee you pay.

Emergency phone calls of less than ten minutes are free. However, if we spend more than 10 minutes in a week on the phone, I will charge you on a prorated basis.

Cancellations and Time off

You can miss three sessions per year without having to pay for the missed sessions. You are responsible for payment any other time, unless we are able to schedule your session during the week the cancelation occurred. I am away from the office between four and six weeks per year and will tell you at least two weeks in advance of any anticipated absences. I will give you the contact information of the therapist who will be available to you during during the time I am away.

Emergency situations and Phone Contact

If you experience an emergency during a time I can not be reached and you are a resident of Alameda County, please call the Crisis Support Services Line at 1-800-309-2131. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. Please also leave me a message at 510-496-3473 and I will call you back as soon as I can.

I have read this statement and have asked all questions to make an informed decision. My signature indicates that I agree to abide by its terms during our professional relationship.

Name:

Signature:

Date:
