

## KEVIN COOPER, MFT

(MFC #34558)

**Fees:** My fee is \$150 per individual session and \$45 per group session. Fees are payable in full at the beginning of each session. I will periodically review or increase my fees and you will be told at least four weeks in advance should this occur.

**Office Hours:** My usual office hours are Monday, Tuesday and Thursday. Generally speaking, I see clients during the hours of 8 am thru 6 pm, and do group therapy Tuesday evening from 6 pm to 7:30 pm.

**Phone Access/Emergencies:** I have voice mail, which I check 3-4 times per day during the week. Messages left on weekends will be returned by noon on Monday at the latest. If an emergency arises, please indicate that clearly in your message. If you need to talk to somebody right away, call Psych Emergency Services in Santa Rosa at (707) 576-8181.

**Cancellations:** Once we have an agreement to meet for sessions at a regularly scheduled time, you are financially responsible for your regular appointment hours, even if for some reason you cannot come to session. I am happy to speak with you by phone in such instances. Naturally, you will not be charged for any session because of my absence.

**Late for session:** I will wait 15 minutes for you. Please call to tell me if you expect you will be late. I usually schedule appointments on the hour, so we will need to end the session at the regular time.

**Length of session:** Individual sessions are 50 minutes in length. Group sessions are 90 minutes.

**Payment:** I would like to be paid weekly at the beginning of each session (It is not uncommon for important issues to arise just as the session is ending). If you are having difficulty with payment, please discuss this at the beginning of the session. Letters, emails and/or phone calls (over 10 minutes) generated by the client are billed like office visits for the time required. A fifteen-minute call costs 1/4 of my hourly rate.

**Insurance:** Clients who have insurance should note that professional services are rendered and charged to the client not the insurance company. I am unable to bill and carry a balance with your insurer, but I am happy to provide you with a claim form that you can submit to your insurance company.

**Parking:** There is ample parking on the street immediately east of the building. Please do not park behind the building in the therapist's parking spaces.

**Confidentiality:** Individual and group sessions and any records I keep concerning your therapy are kept strictly confidential except where disclosure may be required by law as follows: 1) Any reasonable suspicion of child abuse, elder abuse or neglect; 2) Where the client presents a danger to self or others, or is gravely disabled; 3) Where there may be pursuit of legal proceedings (when the client's mental status is at issue in litigation initiated by the client); 4) Where it may be required by the client's health insurance carrier. If you have any questions about these mandated laws, please discuss them with me. Due to the nature of the therapeutic process and the fact that

it involves making a full disclosure with regard to many matters which may be of a confidential nature, I agree that should there be legal proceedings, neither I nor my attorney will call on Kevin Cooper, MFT to testify in court or at any other proceedings, nor will I request a disclosure of therapy records.

**Safety:** In group therapy, there can be no physical contact between participants. Even expressions of positive regard such as hugging may sometimes be interpreted as threatening (by victims of physical abuse, for example), and should be agreed upon between members prior to contact.

**Drugs and alcohol:** A 24-hour abstention from any drugs or alcohol is strongly encouraged. If you arrive for an appointment under the influence of drugs or alcohol, I will not meet with you and you will be charged for the appointment.

**Attendance:** In group therapy, consistent attendance is essential. Cancellations are expected not to exceed once within a three-month period and you will be charged for the session. More than two absences will necessitate a discussion and agreement from the group.

**Vacations:** I take 8-10 weeks of vacation throughout the year. I will provide you with ample notice of my absences. During this time I have a trusted colleague who can see my clients if needed.

**Termination:** The decision to end therapy is as important as any other phase of therapy. My goal is to make this decision as mutually as possible. Often the desire to leave therapy can arise from feelings of discomfort or fear, or the feeling that nothing is happening, when in fact these feelings often precede an important breakthrough. I ask therefore that termination include a final session.

**The Process of Therapy:** Participating in therapy can result in a number of benefits to you, including improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. To be successful, the therapeutic process requires a commitment from both the therapist and the client. The client through active involvement and efforts on their own behalf will experience maximum benefits both during and between sessions. Some therapeutic interventions, such as remembering or talking about unpleasant events, feelings, or thoughts can result in considerable discomfort or strong feelings of anger, worry, fear, etc., or the experience of anxiety, depression, insomnia, etc. Attempting to resolve issues such as interpersonal relationships may result in changes that were not originally intended. Various psychological approaches, including behavioral, cognitive-behavioral, psychodynamic, existential, Jungian/analytical, system/family, developmental, and psycho-educational may be applied in your treatment. If you have any questions about any of the procedures used in the course of your therapy, their risks, or my expertise in employing them, please ask.

I have read, understand, and agree to comply with the above office policies.

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Client name (print)

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Date

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Signature