

Jeffrey Tipp, L.M.F.T. (WA)

7765 Healdsburg Avenue, Suite 12  
Sebastopol CA 95472  
206-463-5808

**INFORMATION FOR CLIENTS**

**Fees and Insurance:** Fees are to be paid at each session. If you have insurance, I will mail you a bill at the end of each month that has all the necessary information for your insurance company. You will be responsible for paying the full fee per session.

**Cancellation Policy:** Your commitment to therapy is fundamental to your progress. Once we have agreed on a regular meeting time, you will be expected to manage your schedule so that you do not miss appointments. If you would like to change the frequency of sessions or terminate therapy, it is important that we discuss this together in session. Since scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 48 hours notice is required for canceling an appointment.** The full fee will be charged for sessions missed without such notification.

**Confidentiality:** All information that you discuss with me is strictly confidential. No information will be released to anyone outside the therapeutic relationship without your authorization. The only exceptions to this professional agreement are:

1. you threaten harm to yourself or to someone else. I am then legally required to inform the police, the intended victims and the persons whom I believe can provide immediate protection to you or the intended victim.
2. during the course of our work together, I have adequate reason to suspect child abuse (children under 18 years of age). I am then legally required to report my suspicions to appropriate authorities. No action will be taken without first informing you.
3. you become involved in a legal proceeding and choose to waive the privilege of confidentiality.

**Phone Contacts:** You may contact me at any time for emergencies. I check my messages frequently and will return your call as soon as possible. If events arise between your therapy appointments that are particularly upsetting to you and you wish to speak with me, please let me know and we will discuss the situation briefly by phone or set up a special office appointment to discuss it more in depth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Print Clearly)\

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_