

# Joshua Cross M.A.

California State Marriage and Family Therapist License MFT 46629

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## Disclosure Statement & Agreement for Services

### Introduction

This document is intended to provide important information to you regarding my policies and what you can expect during your treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

### Fees

Individual sessions and conjoint (marital /family) sessions are approximately 50 minutes in length unless arranged otherwise by mutual consent of client and therapist

Fees for therapy are due each session, preferably at the beginning of the session, unless we arrange otherwise. Please write out your check before the beginning of our session. This will better allow us to utilize the hour. Please note that you will be charged the bank fee for any bounced checks.

If for some reason you find that you are unable to continue paying for your therapy, please inform me. I will be happy to help you explore what options may be available to you at that time.

### Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount or schedule of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome.

In order to cancel or reschedule an appointment, **please notify me at least 24 hours in advance of your appointment. Notification of cancelled appointments must be communicated by telephone. If you do not provide me with at least 24 hours notice in advance, you are responsible for payment for the missed session.** If you are applying for reimbursement from an insurance company, please understand that your insurance company will not pay for missed or cancelled sessions, and I will need to charge you directly for that session.

### Confidentiality

All communications between you and I will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participate in the treatment with you provide their written authorization to release such information. However, it is important that you know I utilize a **“no-secrets” policy when conducting group, family, or couples therapy.** This means that if you participate in group, family, or couples therapy, I may share information obtained in an individual session when working with other members of your family, according to my perception of everyone’s best interest. In others words, I will assume anything you share with me to be common knowledge among your family. Please feel free to ask me about my “no secrets” policy and how it may apply to you.

There are **exceptions to confidentiality** legally mandated by the State of California and the U.S. Government. For example, therapists are required to report instances of **suspected child, elder, or dependent adult abuse**. Therapists may be required or permitted to break confidentiality when they have determined that a **client presents a serious danger of physical violence to another person** or when a **client is dangerous to him or herself**. Also in the instance of a legal/court proceeding in which you are involved, if a court of law (judge) orders me to provide information about your treatment, I am required by law to reply to the **court order**. In addition, a federal law known as **The Patriot Act** of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

### **Minors and Confidentiality**

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, I may discuss the treatment progress of a minor client with the parent or caretaker when it is in the best interests of the minor. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

### **Therapist Availability/Emergencies**

Brief telephone consultations between office visits are welcome. **You may leave a message for me at any time on my confidential voicemail**. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

When I go on vacation or away, I will inform you in advance and in writing who will be on call for me in case of emergency.

If you have an urgent need to speak with me, please indicate that fact in your message and follow any instructions that are provided by my voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 or go to your nearest hospital emergency room to request immediate assistance.

### **About the Therapy Process**

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each patient, I cannot predict the length of your therapy or guarantee a specific outcome or result.

### **Termination of Therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. Therapeutically, it is usually a good idea to plan for your termination, in collaboration with me. To provide for appropriate closure, I request at least two weeks notice of your decision to terminate therapy.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. These may include, among other possibilities: referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask me to address any questions or concerns that you have about this information before you sign!

Date: \_\_\_/\_\_\_/\_\_\_

Name of Client(s):

Signature(s):