

**Joseph LeFevre, MA, MFT**  
**Licensed Marriage and Family Therapist**  
**License # MFC38681**  
**901 Campisi Way, Suite 350, Campbell, CA 95008**  
**(408) 871-7353**

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### **Office Policies**

The following are policies that I follow regarding the business aspects of my work. Please read them carefully. If you have any questions or concerns, I welcome you to discuss them with me.

#### **Fees:**

Your fee for each 50 minute psychotherapy session is payable at the beginning of each session. Your fee will be established during our first session and reviewed periodically for appropriate changes. You will be given at least one month's notice in the event of a fee increase.

For group therapy sessions there will be a flat fee, payable at each session for ongoing groups or in full prior to the commencement of time-limited groups. Group sessions vary in length depending upon the type of group.

Your hourly fee will be applied to all on/off-site consultations, written reports, review of records and longer sessions, should they arise, and to any telephone conversations lasting over 15 minutes, pro-rated according to time spent, including travel time for off-site services.

There is a \$25 (Twenty-five dollar) returned check charge for all checks returned by the bank. These charges can add up quickly. If you foresee any complications in payment please discuss them with me ahead of time so we can avoid this added charge.

#### **Cancellations and Failed Appointments:**

Please keep all appointments. Consistency in our work is a key factor to progress and growth. If something unforeseen prevents you from keeping your appointment please leave a message on my voicemail (408) 871-7353. **A minimum of 24 hours notice is required to avoid being charged your regular session fee for the missed appointment.** Missed appointment fees are payable at the next session.

#### **Telephone Procedures:**

If you need to reach me between sessions, please leave a message on my voicemail (408) 871-7353. In general, I check my voicemail several times per day, excluding evenings and weekends and when I am out of town. I will return your call as soon as I am able.

**Adult(s) Initial(s):** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

**Insurance Reimbursement:**

I do not accept third party payment from insurance companies. You may be able to receive reimbursement for your psychotherapy fees from your insurance company. If you choose to do so, I can provide you with a summary statement at the end of each month. Regardless of insurance coverage, each client is responsible for payment of his or her fees. Please note that submitting information related to your participation in psychotherapy to insurance companies may carry certain risks to your confidentiality, privacy, future ability to receive health or life insurance, or may limit your eligibility for some types of employment. Also note that not all -issues/conditions which may be the focus of our work together are reimbursed by insurance companies. Most insurance companies do not reimburse for missed session fees. It is your responsibility to verify the specifics of your reimbursement coverage.

**Litigation Limitation:**

Due to the nature of the therapeutic process and the fact that it often involves your making full disclosure with regard to many matters which are of a confidential nature, you should be aware that in situations involving the courts, I may be required by the court to disclose ALL information pertaining to your treatment. Therefore, it is agreed that should you be involved in legal proceedings (such as, but not limited to, divorce and custody disputes, lawsuits, etc.), neither you (client) nor your attorneys, nor anyone else acting on your behalf will request me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:**

In order to provide you with the highest quality of care, I may consult with other professionals regarding my approach to your treatment. Your identity will never be revealed in such cases, unless you have provided me with written authorization to do so.

**Therapist’s Emergency Plan:**

I have made arrangements for you to be contacted by another licensed therapist in the event of a sudden illness, accident, or emergency leading to my inability to keep our appointments due to my delay, incapacitation, or death. You will be contacted for the purposes of informing you of the situation and arranging options for the continuation of your treatment. Your identity, contact information, and a brief summary of any issues pertaining to the transition of your treatment will not be shared until such an occurrence, and then only accessed by the designated therapist(s) according to my emergency plan.

**Right to Review Records:**

Both law and the standards of the Marriage and Family Therapy profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records, upon your written request, except in certain circumstances or when I determine that releasing such information might be harmful in any way. In such a case, I will provide a summary of your records to an appropriate mental health professional of your choice. As per current standard of care, I will keep your records on file for seven years following termination of treatment, then destroy them.

**Adult(s) Initial(s):** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

**Independent Private Practice Disclosure:**

Bay Area Psychotherapy Associates is not a partnership, professional counseling corporation, nor any other form of business entity, but rather a group of independent mental health practitioners. Although we share office space, each independent practitioner operates his/her own private practice and does not share revenue with the other practitioners. Additionally, all professional records are maintained separately and no one sharing office space has access to the records of any of the other practitioners. Joseph LeFevre, MA, MFT is a sole proprietor in private practice as a Licensed Marriage and Family Therapist. I work independently in my practice and I am solely responsible for your treatment. I am not responsible for the treatment of clients, nor for the business arrangements, of other therapists in the office suite. In a like manner, other therapists in the suite are not responsible for my business arrangements nor the treatment of my clients.

**Therapist’s Vacation Schedule:**

In order to maintain balance in my own life so that I may be fully present with you in our work together I will be out of the office on weekends, all major holidays, and during periodic vacations. You will be notified of my vacation schedule and of the plan for coverage as each vacation period approaches.

**Crisis Situations:**

Because I work in a private practice setting, **I am unable to provide 24-hour crisis service.** If an emergency should arise requiring immediate attention, the resources below are available 24-hours a day. In addition to contacting one or more of the following for immediate assistance, please leave a message on my voicemail (408) 871-7353, if possible, informing me of your situation, so that I may be aware of your needs.

24-Hour Help Line Numbers:

- EMERGENCY Police, Fire, Ambulance.....911**
- Suicide and Crisis Hotline.....(408) 279 - 3312
- Contact Support Hotline .....(408) 850 – 6125

I/we confirm by my/our signature on this form that I/we have read, understand, and agree to all the above information contained in the Office Policies of Joseph LeFevre, MA, MFT.

1.			
	Print Name	Signature	Date
2.			
	Print Name	Signature	Date
3.			
	Print Name	Signature	Date
4.			
	Print Name	Signature	Date