Ann J. Burke, MA, LMFT, License #40730
4440 Duckhorn Drive, Suite 400
Sacramento, CA 95834
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916-419-4457

Office Policies & Procedures

Fees: Fees are payable at the time of service. Payment may be made by cash, check, or credit card. My fees are $100 an hour for individual session and $125 an hour for family sessions. I participant in some insurance panels.

Missed/Cancelled Appointments: Continuity is important in the therapeutic process, but if you need to cancel an appointment, please contact me at least 24 hours prior to the session or you will be responsible for paying for the missed appointment.

Telephone Calls: A private message can be left on my confidential voice mail. I check my messages throughout the day & will call as soon as possible. If your call is not returned within 24 hours, please call again as errors can occur & messages inadvertently erased. If your situation is an emergency, please make it clear in the message, & I will make every effort to contact you as soon as possible. I am unable to provide 24 hour service. In the event that you or your family member feels unsafe or requires medical or psychiatric assistance, you should call 911 or go to the nearest Emergency Room.

Confidentiality: One of the important rights that you have as a client involves confidentiality (including the fact that you are a client). This information will no be revealed to others outside this office without your written permission. However, there are certain situations when I am required by law or permitted by law, to reveal information obtained during therapy to another person or agency without your authorization. These generally involve situations where there is suspected harm to minors or elders or a client's threat to harm self or others.

Child & Family: A minor client will benefit most from psychotherapy when his/her parents, guardians or other care providers are supportive of the therapeutic process and your ongoing involvement is essential for the best outcome. You may be asked to be involved in each session for all or part of the session. Family sessions also work best if parents are regularly involved. It is my policy that children are never left unattended in the waiting area.

Treatment of a Minor: I generally require the consent of both parents prior to providing any services to minor children. If any questions exist, I may ask you to provide supporting legal documentation such as custody orders, prior to commencement of services.

Termination of Therapy: I have the right to terminate therapy at my discretion. Reasons for termination include, but not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs that are outside my scope of practice, or therapy does not seem to be beneficial to client. You or your representative has the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that client participate in at least one terminating session, which is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also ensure a smooth transition to another therapist by offering referrals to other therapists.

I HAVE READ AND UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED ON THIS AND THE PREVIOUS PAGE OF THE CONTRACT AND I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICE.

Client Name (Print) Signature Date

Parent/Guardian Name (Print) Signature Date