

Ariella Goodwine Fisher, M.S., LMFT  
Licensed Psychotherapist

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License # MFC37564

The following information is provided with the intent of offering you the best possible consultation experience possible.

**Confidentiality**

Any information that you disclose in the course of our meetings together is held in strict confidence. Any information concerning our professional relationship will only be released with your prior, written consent (unless you are under 18 years of age, and then only with your knowledge and your parent or guardian's consent). There are some exceptions to this guarantee, which are required by California law. **I am legally required to report all incidents of suspected child, elder or dependent adult abuse to the appropriate authorities. I am also legally mandated to take preventative action should a client present a danger to him/herself or others.** In addition, information and records may be provided in the event of a court order. Finally, for the purposes of providing quality care, I sometimes utilize other professionals in the field for consultation. In doing so I seek to maintain clinical integrity while protecting client identity as much as possible. If you elect to communicate with me by email at some point in our work together, please be aware that I do not have encrypting software on my computer so while my computer is password protected, email confidentially is not totally under my control.

**Scheduling and Cancellations**

Consultations are 50 minutes in length, unless otherwise arranged. Appointments represent time reserved exclusively for you. If you must cancel an appointment, you must give at least 48 hours notice, or you may be charged your usual fee for the missed appointment. Special consideration can be made for illness or other extraordinary circumstances. Cancellations may be left on my voice mail or email at any hour of the day or night.

**Fees**

The fee is \$200 per hour. Fees may be paid by cash, check, Visa or Mastercard (including a 2.5% convenience fee) only and are due at the beginning of each session, unless other arrangements have been made. If you expect to be reimbursed by an insurance company whose panel I am not on, you must still pay your full fee for each visit. At your request, an insurance ready statement will be provided for you monthly, so that you may submit it to your insurance company.

**Availability and Emergencies**

In emergency situations, if you are feeling unsafe or require immediate medical or psychiatric assistance when I am not available, you may get immediate assistance by calling San Mateo County's 24-hour crisis line at (650) 579-0350 or 911, or by going to the nearest emergency room.

*If you have further questions about my training, experience or approach, or need clarification regarding any of the above information, please do not hesitate to ask me.*

I have read, understand and agree to the above policies and the fee for services.

Signature: \_\_\_\_\_ Todays date: \_\_\_\_\_  
(If under 18 yrs. old, parent or guardian signature is required)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_. Phone #: \_\_\_\_\_

City, State, Zip

Email: \_\_\_\_\_