

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

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

Reunification Therapy is a therapeutic intervention which assumes that it is in the child(ren)'s best interest to have healthy and meaningful relationships with both parents. The goals of reunification therapy may include, but are not limited to, fostering overall healthy child adjustments, facilitating the implementation of the previously agreed to or court ordered parenting plan, restoring, developing or facilitating adequate parenting and coparenting functioning and skills, assisting the parents to fully understand the child(ren)'s needs for healthy relationships with both parents and the negative outcomes for the child(ren) of a cut off or compromised relationship with a parent, restoring or facilitating contact between parent and child, working with family members to establish appropriate roles and boundaries, assisting the child(ren) to exercise age- appropriate autonomy, assisting parents to realistically assess negative/generalized views relating to the other parent.

#### Confidentiality

Any information that you disclose in the course of therapy is held in strict confidence unless otherwise agreed upon. 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

Counseling sessions may be either 60, 90 or 120 minutes in length. Appointments represent time reserved exclusively for you. **If you must cancel an appointment, you must give at least 48 hours notice, or you will 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 at any hour of the day or night.

#### Fees

The fee per session is \$250. The hourly fee is applicable for time spent in therapy at the time the session is scheduled and for time outside of the sessions required to study documents, communicate with the parties or to communicate with collateral contacts either by phone or by email. Time is billed in increments of a tenth of an hour.

At the commencement of our work together, I will collect a \$3000 advance fee deposit or retainer. Fees for my services will be deducted from the balance of the retainer. When the balance drops below \$500, you agree to pay your respective shares in order to replenish the retainer to return it to the \$3000 level.

If there is a balance in the account at the time our work together is discontinued, the remaining balance will be refunded to you. ALTERNATELY, I you may chose to keep a VISA or MC on file and fees will be charged as services occur. There will be a 2.5% convenience fee added to all VISA or MC transactions.

You will receive a monthly statement outlining all services that have been provided for the prior month.

If I am required to testify or provide a declaration, my fee is \$375 per hour, for the appearance, the time spent in preparation for the Court appearance/declaration, as well as travel time.

#### Availability and Emergencies

My office is equipped with a confidential voice mail that will receive messages any time. I will make every effort to return calls within 24 hours or by the next business day, but cannot guarantee that calls will be returned immediately. 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. A colleague will be on-call and available by phone or for sessions whenever I am out of town; I will notify you of the name and number of this person, as it will be indicated on my voice mail during my absence.

#### Process

Reunification therapy requires the involvement of both parents. The process will include meetings with each parent and the child(ren) individually and jointly. The process may include meetings with other family members as the therapist deems necessary.

The therapist may provide a report to the parents, attorneys, or the court describing the parents' and child(ren)'s progress and cooperation congruent with the Court Order. Recommendations may be provided regarding additional services when and if appropriate.

#### Responsibility of the Parents

The parents agree to fully cooperate, support and participate in the family therapy. This includes, but is not limited to, a) paying for services in a timely manner in accordance with this fee agreement b) ensuring the child (ren) are transported to and from scheduled therapy appointments and exercising parental authority to require the child (ren) to attend and cooperate with the therapy c) the openness to considering any necessary changes to his or her role in support of a healthier and more functional family dynamic.

The parents agree to sign any necessary consent forms so that the reunification therapist can contact other professionals (previous or current) as needed. This includes, but is not limited to, other therapists involved with the family as well as attorneys, parent coordinators and educational professionals.

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)

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