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Office Policies

Welcome to my practice. This document contains important information about my professional services. Please read it carefully, and let me know of any questions you might have. This represents an agreement between us.

Confidentiality: All information disclosed within sessions, including that of minors, is confidential and may not be revealed to anyone without your written permission, except as permitted or required by law. Disclosure may be required in the following circumstances:

1. When there is suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily injury to others.
3. When the client is suicidal.
4. When disclosure is required pursuant to a legal proceeding.

At times, I receive professional consultation to best serve my clients. In such cases, neither your name nor any identifying information about you is revealed without your consent.

Payment: Payment is due by the end of each session, unless other arrangements are made. Discussion of financial issues is an important part of our work, so please notify me if any problems arise regarding your ability to make timely payment.

Insurance: For clients who have insurance, I am able to provide you with an invoice to submit to your insurance company for reimbursement. It will be a monthly statement of sessions and payments, with a diagnosis code as required by insurance. Please let me know if you would like these monthly statements.

Appointments: The scheduling of an appointment involves the reservation of time specifically for our work. **Normally, for no-shows or appointments cancelled with less than 24 hours notice, you will be charged a fee of \$75.** If an emergency arises and you cannot keep your appointment, please call so we can discuss the possibility of rescheduling. If we are unable to reschedule your appointment within the same week, you will be charged the \$75 cancellation fee.

Termination: When it is time for therapy to end, it is important to complete the last sessions. These are an important part of the therapeutic process. If you decide at any time that you want to terminate, please inform me so we can discuss this process.

Emergency Procedures: I do not work on an emergency basis and do not carry a pager. If you need to contact me between sessions, please leave a message for me on my voicemail. I check for messages regularly throughout the day, and I will return your call as soon as I can. If your situation calls for immediate attention, please call 911 or go to your nearest emergency center.

Independent Practice: The professionals in this office suite are independent and sole practitioners and are not part of a group. Although I share office space, I am a sole proprietor in my own private practice and fully responsible for providing you with clinical services. My professional records are separately maintained, and no member of the group can have access to them without your written permission.

I have read, understood, and agreed to these office policies/procedures.

Client Signature: _____ Date: _____