

Informed Consent and Office Policies

Welcome. Therapy is a meaningful collaboration built on trust, transparency, and shared intention. This document outlines the terms of our work together so you can make an informed decision about your care.

Confidentiality

Your privacy is important to me. What you share in session is confidential and protected by law. I will not share your information without your written consent, except when required by law (e.g., risk of harm, abuse, or court orders). In couple or family therapy, I follow a no-secrets policy. All adult clients involved must agree to any release of shared records.

Electronic Communication

I use best practices to safeguard our digital communications (e.g., password protection, encryption). Please let me know in writing if you prefer not to use text or email. By using these methods, you accept their potential limitations.

Fees and Payment

Session fee: \$250 for 50 minutes. Payment is due at the time of service via credit card, check, or cash. Phone or video sessions are billed at the same rate. Time spent on letters, coordination, or other services outside of session is also billed at \$250/hour with prior agreement.

Cancellations

Your appointment time is reserved exclusively for you. Please provide at least 24 hours' notice to cancel or reschedule. Missed appointments or late cancellations will be charged the full session fee.

Emergencies

I check messages during regular business hours. If you're experiencing a true emergency, please call 911 or go to the nearest emergency room. I'll respond to urgent messages as soon as possible.

Insurance

I am an out-of-network provider. If you choose to submit claims for reimbursement, I can provide a superbill. Your insurance may require a diagnosis and session dates. I have no control over how this information is used once released to you.

Consent

By signing below, you acknowledge that you have read, understood, and agree to the terms outlined above. I encourage open communication and welcome any questions you may have. This agreement may be updated as needed.

Client Name (print): _____

Client Signature: _____

Date: _____

Sarah Limcaco, LMFT

Signature: _____

Date: _____