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Therapy for the heart, mind, body and spirit in a safe and healing setting

Office Policies and Consent

Please read the following statements to insure that you are aware of your rights and responsibilities. If you have any questions please discuss them with me. Please place a \checkmark mark in the box by each statement to indicate that you have read and understand it.

All information disclosed within sessions and any written records are confidential and may **not** be revealed to anyone without your written permission, except where disclosure is required by law.

I (the client) understand that disclosure is required by law in the following instances:

- if I (the client) am in eminent danger of hurting myself or I am gravely disabled (severely disoriented or in danger due to a medical condition or medications);
- if there is a reasonable suspicion of child, dependent or elder abuse or neglect;
- if I (the client) express a serious threat of harm to an identifiable person, that person and the police must be informed.

I (the client) understand that disclosure may be required due to a legal proceeding and that information, records, or testimony about me (the client) may have to be given if there is a court order or subpoena.

I understand that I may receive a summary of my records, except in limited legal or emergency situations or when my therapist believes that releasing such information may be harmful in any way. In such cases, my therapist will provide the records to an appropriate mental health professional of my choice.

I may withdraw from therapy at any time.

I understand that I am expected to pay the regular fee of \$120 per 45 minute session at the time of my session. If other arrangements for the fee are made, the fee will be: _____

I also understand that a full session's fee is charged for late cancellations with less than **24-hour notice** unless it is due to an illness or an emergency. To cancel, I only need to leave a message at 707-578-9385. If the fee to be paid is different than the regular fee, that fee will then be: _____

To contact my therapist between sessions, I may leave a message at 707-578-9385 on the voicemail system. Messages are checked often Monday through Friday but only a time or two over the weekend. ***If I am a danger to myself or others,*** I need to call **Psychiatric Emergency Services** (the 24hour crisis line) at **707-576-8181**.

I understand this consent covers me and any minor children and I authorize treatment for myself and any minor children involved in treatment.

I have read and understand the above statements and I will receive a copy of this form:

Signature(s)

Date