

## **Connie Wax, LCSW**

5182 Katella, Suite 206

Los Alamitos, CA 90720

LCSW27430 714.300.3163

### Guidelines for Treatment

I have found the following guidelines helpful in defining the relationship between client and therapist. This relationship is very close, yet also needs to be defined within a professional context to facilitate the therapeutic process.

#### **Appointments**

Making and keeping appointments is very important to the therapeutic process.

You are expected to be responsible for making and keeping your appointments. Should you cancel or postpone your appointment without a minimum of 24 hours notification you will be charged the full fee for your time. If, for any reason, I cancel an appointment without a minimum of 24 hours notification, we will schedule a complimentary session.

I allow up to 75 minutes (1 hour 15 minutes) per session. Many clients have a tendency to avoid bringing up serious and complex problems until their session is almost over. Your time will be better spent if you bring up any such issues towards the beginning of your session. Your session will end at the appointed time unless I am late in starting, in which you will have your full time allotment.

#### **Telephone Communication**

Please feel free to communicate with me by telephone or email as the need arises. There is a distinction between phone communications and phone sessions. Phone communications include dealing with appointment time changes and brief supportive contact. If you are in need of counsel and a face-to-face session is not possible, you may need to schedule a counseling session on the telephone. You will be charged \$35 per every 15 minutes of your phone session, and the same rate applies to my reading and responding to emails.

#### **Fees**

Payment is due at the time of your session, unless other arrangements are made. You may pay by cash or check.

#### **Confidentiality**

All sessions will remain confidential and no information will be released without your written consent except when necessary to prevent danger to yourself or another person.

Understanding and abiding by the above guidelines will help facilitate the therapeutic process and promote clear and consistent boundaries. Please feel free to discuss any questions with me. If you agree to the above guidelines, please sign below.

---

Signature

---

Date