

Adriana S. Russell MFT #32978  
2910 Camino Diablo Suite 200  
Walnut Creek CA 94597  
(925) 408-2805

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Confidentiality Policy:**

It is the policy of this office to observe this profession's standards in regard to confidentiality. No client information will be discussed in the course of treatment unless:

1. The Client consents in writing.
2. There is reasonable suspicion of past or present child (under 18), elder or disabled adult abuse. As of January 1, 2015, under bill AB1775, this includes mandated reporting of "sexual exploitation including downloading, streaming or accessing (viewing) through any electronic or digital media in which a child is engaged in an act of obscene sexual conduct".
3. There is clear and immediate danger to the client or another.
4. During clinical consultation with other clinical professionals.
5. In the event of a court order to appear in court or produce client records when you have not signed a release for me to do so.
6. In the event of my unexpected illness or death, my colleague Susanne Stolcke-Antonsen MFT has been designated to oversee management of my practice. This would be the only circumstance in which she would have access to client information in my best efforts to insure continuity of care in the rare instance that something of this nature might incur.

**No Secrets Policy for Couples:** When therapy involves more than one person, secrets can be a problem. I will not hold secrets in couples/family therapy and if something is shared with me outside of the context of the therapy session, I will remind you of this and help you to find a way to talk about it with your partner/family member.

**Social Media:** I do not engage with clients on social media. This is to protect your confidentiality and privacy. If you would like me to review your social media interactions as part of our therapeutic work please print out what you would like me to review and bring it with you to session. Even if your accounts are public, I will not examine them without your specific consent and direction. Please note that any social media apps you are using may seek to connect you with other visitors to this office, through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. You can turn off a social media app's ability to know your location,

and refuse it access to your email account and the contacts and history of your phone. This is to protect your privacy and confidentiality.

**Meetings in Public Places:** We may run into each other out in the world. If this occurs, I will not greet you unless you speak to me first in order to maintain your confidentiality.

My voicemail is confidential as no one else has access to it. I check my voicemail regularly and at least once a day on weekends. Email is not fully confidential so I prefer to contact you by phone. I avoid texting as well as this information, like email, can be stored and isn't fully confidential.

**EMERGENCIES:** In a medical or psychiatric emergency, call 911 for immediate assistance. For urgent after hour situations 24 hour phone support is available through the Contra Costa Crisis Center at 1-800 833-2900 or 1-800 273-TALK in addition to leaving me a message.

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce, custody disputes, injuries, lawsuits, etc.), therapy will not be drawn into this process in order to keep the therapy content and process sacred.

**FEE POLICY:**

A 24 hour cancellation notice is required to avoid payment for a missed or cancelled session. Sessions can be cancelled by calling the office line (925) 408-2805 at least 24 hours prior to the appointment time. For couples, if one partner cannot make the appointment, the appointment will be considered missed and the late fee applies even if one partner is available, as the couple is my client. The late cancel fee will be \_\_\_\_\_, the full fee of the session (not just the copay). The fee/copay amount per session is \_\_\_\_\_ and will be collected at the beginning of each session. Copays/fees are accepted as cash/check.

I understand that I am responsible for understanding my insurance coverage and for payment of all applicable deductibles and copays or fees not covered by any insurance or other responsible party. If I have a check returned for non-sufficient funds, I agree that I will reimburse Adriana Russell MFT for the amount of the check plus a \$25 returned check fee prior to my next session. I understand that outstanding unmet payments will be subject to being sent to collections if not paid in a timely manner.

**I HAVE READ AND DO UNDERSTAND AND AGREE WITH THE ABOVE INFORMATION**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE TO CLIENTS**

**The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov) or by calling (916) 574-7830.**