

Mary Logan, M.A.

MFC #38623

CONSUMER INFORMATION STATEMENT

1. I am a licensed marriage and family therapist in the state of California. My work involves helping people with a wide range of problems. I see adolescents and adults.
2. BILLING: We agree that you will pay me weekly, by check. Your fee will be \$225.00 per session. Sessions are 50 minutes in length. You may be charged for telephone calls, writing reports or letters. Periodically, I will raise my fees. Please notify me if any problem arises during the treatment regarding your ability to make timely payments. Failure to pay as agreed is a breach of you fiduciary duty and, under California law, I may use other means to collect payment.
3. CANCELLATION POLICY: Once we have agreed upon a regular time or times to meet during the week, I will reserve that hour for you and you will be responsible for paying for that time. If you need to reschedule, I will do my best to find another time to meet within the week.
4. TELEPHONE: I use a 24-hour confidential voice mail system for messages. When you call, please leave your name and phone number with your message. I check for messages periodically throughout the day. If I do not call you back in a reasonable period of time, please call and leave another message—malfunctions can happen. During evenings and weekends, or if your message is time sensitive or urgent (at any time of day), also call the other number I have left on my message.
5. VACATION: When I am on vacation or otherwise unavailable for appointments, I will leave the name and number of someone to call in the event of an emergency.
6. CONFIDENTIALITY: Privacy is a basic right of any individual who seeks psychotherapy. Therefore, all consultations and records are confidential. No one will be advised of your participation in therapy unless you specifically request in writing that this be done. I participate in regular professional consultations. In such cases, neither your name nor any identifying information about you is revealed.

I have read, understand and agree to the policies in this statement.

Name: _____ Date: _____

Printed name: _____

