

Karyn M. Sandburg, Ph.D.
14751 Plaza Drive, Suite F
Tustin, CA 92780
714.665.4343

Statement of Policy

The following are policies and procedures that I sometimes neglect to explain because I am initially most interested in you and your concerns. Please feel free to discuss these with me.

Appointment Cancellation: If an emergency arises and I need to cancel an appointment, I will give you **48-hour notice**. If that is not possible, you will receive the next session free. I expect as well, that you will give me **48-hour notice** if you need to cancel, otherwise you will be charged at your regular fee. **Initial Here** _____

Payment of Fee: It is customary that payment be made at each appointment. If that is not possible, please make arrangements prior to the session. **Initial Here** _____

Length of Session: Each session will be **50** minutes. This allows me 10 minutes to do paperwork and return phone calls.

Messages: You will be leaving messages on a confidential voicemail heard only by me. If you do not receive a response in a timely manner, do call again.

Emergencies: In case of emergency, **press 0** during my message and the Answering Service will locate me. If I am out of town, a therapist will cover for me.

Returned Phone Calls: At times, in between sessions help is required. Phone calls less than 10 minutes are free. After that calls will be charged at % of session fee. **Initial Here** _____

Confidentiality: Communication in therapy is confidential. There are several **exceptions:** When it concerns physical or sexual abuse of children or elders or intent to harm self or someone else. In these instances, I am required by law to contact the appropriate authorities so that protective measures can be taken. **Initial Here** _____

HIPAA: (See Separate Form) I acknowledge that I have received the Notice of Privacy Practices of Karyn Sandburg, Ph.D. **Initial Here** _____

Consent for Treatment

I authorize **Karyn M. Sandburg, Ph.D.** to diagnose and provide treatment. I understand that though treatment is designed to be helpful, uncomfortable feelings such as sadness, anxiety, anger can present. These are normal responses to working through unresolved experiences. If I have any questions or conflicts I will discuss them. I agree to proceed with treatment.

I have read and understand the above information and consent to treatment.

Name _____ Date _____