

MATTHEW L. SPALDING, PsyD, EdM
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OFFICE POLICIES AND INFORMED CONSENT FORM

Psychotherapy Schedule

Unless otherwise agreed upon, appointments are scheduled weekly and last 50 minutes. The benefits of therapy are strongly tied to consistency, and I ask that you honor your intention to commit to this process from the outset of our work together.

24-Hour Cancellation Policy

Please notify me of any cancellations no less than 24 hours (not including weekends) in advance of your session to avoid being charged the full fee of your session. If your appointment is on a Monday, please notify me on the previous Friday that you are unable to make the session.

Texts, Phone Calls and Email

You are welcome to text me or leave me a voicemail at any time at (415) 409-9313 or email me at contact@mattspalding.com concerning logistical questions such as a need to reschedule. I will do my best to get back to you within 24 hours during the weekdays, and will return non-emergency calls received Friday evening through Sunday evening on Monday. If you have an urgent need to reach me, please indicate that in your message and I will respond as soon as possible.

Confidentiality

Our work takes place in a confidential container. *As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information.* There are, however, important exceptions to this rule mandated by legal and ethical standards.

I will not share personal information about you unless any of the following circumstances apply:

- You intend to physically harm yourself or cause physical harm to another
- A reasonable suspicion of child, elder, or dependent adult abuse exists
- During medical emergencies in which you become incapacitated
- You are over the age of 18 and are engaging in sexual activity with a minor
- There is a reasonable suspicion of child abuse or elder adult physical abuse.
- There is a reasonable suspicion that you may present a danger of violence to others.
- You are involved in a court case and a request is made for information about your therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.
- You ask me to share information with another healthcare provider, family member, or any person you designate on a signed release of information form.

Rates

My standard fee is \$150 per session, payable by cash or check. Payments are expected at the time of the appointment. If paying by check, please have your check made out in advance so as to save time in session. A sliding-scale from \$125-\$150 per session is available depending on need.

Paperwork for Insurance

I do not currently accept insurance, though am able to generate receipts that can be submitted as claims for reimbursement through insurance companies.

For Minors:

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned under “Confidentiality” above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior is of a more serious nature, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

While I will keep information confidential, I may believe that it is important for your parent or guardian to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. You should also know that, by law in California, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records.

Communicating with other adults:

School: I will not share any information with your school unless I have written permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will first receive your parent or guardian’s written permission.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a therapist. I will also get written permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don’t have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

I have received and read these “Office Policies,” and understand and agree to them.

Your Name _____

Date _____

Parent/Guardian if under 18 _____

Date _____