

## **Office Guidelines**

### **Welcome to my practice.**

My intention is that your experience in therapy with me is worthwhile in terms of your time, energy and expense. The following guidelines acquaint you with my policies. Please read them carefully and feel free to discuss with me any questions. Signing this document represents an agreement between us.

Please wait in the reception area until I come for you at your scheduled appointment time.

### **Counseling Services**

Counseling is not easily described. It varies depending on the personalities of the therapist and patient, and the particular issues you bring to your sessions. There are many different approaches I might take in working with you, and they may vary from session to session. I am licensed in California as a Marriage and Family Therapist, License #24322, Registered as a Research Psychoanalyst, RP60, with the California Medical Board, and I'm also a certified Jungian analyst and an ordained Episcopalian priest who brings a pastoral emphasis to my work as well.

I will use all of my education and training to help you fulfill your particular goals for our work together. This, of course, unlike a typical medical doctor visit, requires an active participation on your part. More than likely, the more you bring to your sessions, the more you may benefit, although there are no guarantees of what your particular experience will be. In some situations you may experience uncomfortable feelings like sadness, guilt, anger, loneliness and a host of other feelings.

Counseling often leads to better interpersonal relationship, and a greater integration of the individual personality, and clarification of life's goals. Other ways of approaching difficult issues may result from the work. However, again, none of this is guaranteed, although together we will make every effort for our work together to help you with your goals and for you to have a satisfying therapeutic experience.

The first few sessions will involve evaluating your presenting needs, identifying some of the history behind those needs and suggesting a direction for our work. I might ask you to bring some dreams for us to consider together, and to express how you may be feeling about our work together. It is important that we feel comfortable working with each other and if for some reason this is not so I would be happy to refer you to one of my colleagues in the field of psychology or psychiatry.

### **Supervision and Consultation**

From time to time, I may find it helpful to consult with a colleague, supervising analyst and/or qualified professional to seek information or input about a case. I make very effort to avoid revealing the identity of my patient. The supervisor or

consultant is also legally bound to keep the information confidential. Unless you specifically direct me, I will not disclose to you about these consultations regarding your case.

**Confidentiality** (Please note the **Limits of Confidentiality** form)

**Telephone Conversations and Emergency Procedures**

My office is accessed by way of a confidential voice-mail system at **805-705-2451**. I check my messages regularly during the day during the working week, Monday through Friday. I make every effort to return telephone calls as soon as possible. If I have not returned your call with 24 hours, please assume my system is not working and leave another message. If you are difficult to reach, please inform me of times when you will be available.

If your call is an emergency, you may call the Sonoma County Psychiatric Emergency Hotline at **707-576-8181**.

Short telephone conversations will be accepted when I'm available for routine/non-emergency matters. If I will be unavailable for an extended time, I will provide you with the name and telephone number of a colleague to contact, if necessary.

**Payment for Services**

My usual fee is \$150 for a scheduled 50-minute session. Payment is due at the time service is provided unless prior arrangements have been made. At this time I do not accept insurance. If paying by check, it will be to both our advantage to have the check prepared prior to our session. **A minimum of 24 hours notice is required for rescheduling or canceling of an appointment in order not to be charged for the missed appointment.**

**Termination of Counseling Services**

You may terminate your work at any time with 24 hours notice and not be charged. Your only obligation at the point of termination is that of a financial nature, for services already incurred and not yet paid in full. However, it is often very useful to have at least a final session to summarize our work, and to obtain appropriate closure for our efforts and to see if a referral is appropriate to another professional.

Please let me know if you'd like a copy of this policy statement for future reference.

**I have reviewed, understood and agreed to abide by the conditions stated above regarding professional services during our therapeutic relationship.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Charles Asher**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

