Colleen M. Saldana, LMFT

Licensed Marriage and Family Therapist

LMFT102218

Patient Information

NAME: (LAST) **FIRST:**

STREET ADDRESS:		
CITY	STATE	ZIP
DAYTIME PHONE	EVENING PHONE	CELL
DATE OF BIRTH	SOCIAL SECURITY#	
EMPLOYER (IF APPLICABLE)	E-MAIL ADDRESS	
SCHOOL (IF APPLICABLE)		

Insurance Information

INSURANCE		TELEPHONE
ADDRESS	CITY/ZIP	STATE
POLICYHOLDER NAME		SS#
GROUP#	POLICY/ID#	

OFFICE POLICY

CONFIDENTIALITY: All information regarding patients, including the fact that they are in treatment, will be kept in the strictest of confidence unless the patient signs a Release of Information form requesting that information be given to another party. The only exceptions to this will be those mandated by law (such as court subpoena, suspicion of danger to self, danger to others, grave disability, suspected child or elder abuse, etc.). If you have any questions, please ask your therapist. Thank you!

FEES: The per session fee is $165.00 for the initial consultation. Subsequent session fees are $150.00 per 45-minute session and $175.00 for 50 to 60 minutes, unless otherwise agreed upon with the therapist. Payments are due at the time of service. We will bill the insurance company as a courtesy for you unless you prefer to do it yourself.

CANCELLATION: Please note that any appointments cancelled less than 48 hours in advance will be charged the ongoing session rate of $150. We require a credit card to be kept on file.

Signed : **DATE:**

Colleen M. Saldana, LMFT

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RELEASE OF INFORMATION:

I authorize the release of any medical or other information to my insurance company or its agents, which is necessary to pay this claim.

SIGNED **DATE**

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TELEPHONE CALLS, E-MAIL, & CRISIS COUNSELING.

Ms. Saldana, LMFT does not charge for telephone calls to schedule or change appointments, however if you contact Ms. Saldana by phone or email regarding clinical matters, professional advice, or discuss resources, you will be charged on a prorated basis.

SIGNATURE: **DATE:**

ARBITRATION

Colleen Saldana, LMFT operates this office with an agreement to resolve any disputes through arbitration. As such, it is understood that any dispute as to professional malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California Law, and not by a lawsuit or resort to court process except as law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Initials:

SOCIAL MEDIA POLICY

Social media is an amazing tool to help keep people informed and engaged. As social media continues to develop and change, I may make ongoing changes to this policy. If I do so, I will inform you of any changes in session or other agreed upon forms of ethical communication.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, Linked In or Instagram to contact me. Also, if there is an emergency, I would not be able to respond within a timely manner as I do not check these accounts regularly. In this instance please utilize 911 or other emergency services. The best way to interact with me is by email or phone. If you post on my wall it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Initials:

Credit Card Information (required)

Card Holder's Name:

_____

Credit Card Number:

_____

Expiration Date:

_____

Security Code

_____

Billing Zip Code:

_____

Your credit card will not be charged at this point. At time of service you will have a choice for your preferred billing option, including check, cash, or Venmo. Credit card will be charged for any cancellations made under 48 hours in advance or any uncommunicated missed appointments on the day of your appointment. Thank you for your understanding.

Initials: