

**Dr. Amy Goldman**  
**1738 Union Street Suite 200**  
**San Francisco, CA 94123**  
**415-267-6932**  
**dr.amygoldman@gmail.com**

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### **Office Policies & Informed Consent**

The following is information that is important for to know. Please read carefully and ask for clarification if needed.

**Confidentiality:** All information between therapist and client is held strictly confidential, except in the following four circumstances: (1) the client authorizes the release of information with his/her signature; (2) the therapist is ordered by a court of law to release client information; (3) the client presents a physical danger to self or others (i.e. client is believed to acutely suicidal, homicidal, or gravely disabled); (4) when there is a suspicion of child, dependent, or elder abuse or neglect. In these latter two cases it is my legal responsibility to inform potential victims and legal authorities so that protective measures can be taken.

**Consultation:** I, Dr. Goldman, regularly consult with other professionals regarding my cases. However, client names and other identifying information is never mentioned. The client's identity remains anonymous and confidentiality is fully maintained.

**E-MAILS, CELL PHONES, COMPUTERS AND FAXES:** I, Dr. Goldman will communicate via email for scheduling purposes only. I will not communicate about any clinical material via email.

It is very important to be aware that computers, e-mail and cell phone communication can be relatively easy to access by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, my e-mails are not encrypted, and faxes can be sent erroneously to the wrong address. My computers are equipped with a firewall, a virus protection and a password. If you communicate confidential or highly private information via e-mail, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail. Please, be aware that e-mails are part of the medical records and do not use e-mail for emergencies. Due to computer or network problems e-mails may not be deliverable, and I may not check his e-mails daily.

**Emergencies:** If you or a member of your family is in acute crisis, you are encouraged to telephone at any hour and leave a message on my voicemail. In an emergency, please indicate it clearly on your message and always leave times and numbers where you can be contacted. I check my messages regularly throughout the day, unless I am out of town. If a situation arises that requires immediate attention, including on weekends and after hours, please call the 24-hour crisis line or 911 for Police assistance.

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**Payment:** Clients are expected to pay the standard fee of \$225.00 for individual and \$250 for couples per 45-50 minute session at the end of each session, unless other arrangements have been made. Please notify me as soon as possible if any problem arises during the course of our work together regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance companies. Unless agreed upon differently, I will provide you with a copy of your receipt for services rendered, on a monthly basis, which can be submitted to your insurance company for reimbursement. Please note that occasionally I raise my fees and will notify you about this well in advance.

**Cancellations:** If you must cancel an appointment, please notify me at least 48 hours (2 days) in advance. Since your appointment is reserved exclusively for you, you will be charged in full for any scheduled appointment you fail to attend. Please note that most insurance companies do not reimburse for missed appointments.

**Litigation:** Due to the nature of the therapeutic process and particularly due to the confidential nature of the information that is often shared in therapy, it is agreed that should there be legal proceedings, such as, but not limited to, divorce and custody disputes, injury lawsuits, etc., neither the client, nor the client's attorney, nor anyone else acting on behalf of the client, will call on the therapist to testify in court or any other proceeding, nor a disclosure of the psychotherapy records will be requested.

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Client Name	Date	Signature
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Client Name	Date	Signature
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Therapist Name	Date	Signature
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