

Martha Clark Scala, M.S., MFT #30222

Licensed Marriage and Family Therapist
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INFORMATION FOR CLIENTS

To assist you in making a commitment to participate in therapy, the following is a description of my qualifications and my practice. This should help you to understand the nature of our work together.

I am licensed by the State of California as a marriage and family therapist (MFT). I have a Master's of Science degree in Counseling from San Francisco State University, with a specialization in marriage and family therapy. I am a member of the California Association of Marriage and Family Therapists.

I offer individual, relationship, family and group counseling in my private practice. Much of my experience has been working with individuals, couples and groups. I have addressed a variety of presenting issues and problems. I am equipped to assist with concerns ranging from vague to specific, intrapersonal to interpersonal, slightly annoying to quite troublesome. My goal in working with clients is to foster an inquiry and a process that will assist clients in alleviating their discomfort or distress. My particular focus and interest is in helping clients gain access to their feelings, build self-esteem, and improve communication skills. This type of work usually involves revisiting childhood memories and experiences and looking at the impact that they have on you and your relationships now.

Early in our work together, we will formulate some goals for therapy. Periodic review of these goals will help to determine the nature and length of our work. Therapy does require work, some of which may be uncomfortable. Consider whether you are willing to tolerate temporary discomfort in the attainment of the abovementioned goals.

CONFIDENTIALITY:

I acknowledge the importance of being able to trust that what is discussed in a session will go no further. What we discuss in therapy is confidential. I will not discuss anything from our sessions with anyone except my clinical consultant. If I need to discuss what is said in therapy with any other non-participant, I must obtain your permission to release that information. Consultation with a consultant, a physician, a colleague or another social service agency might warrant a request for release of information.

There are some exceptions to my guarantee of confidentiality. California law requires that confidentiality be severed if I have sufficient reason to believe that someone is in danger of being harmed, or harming oneself. I am also mandated by the State of California to report any awareness of child or elder abuse.

SCHEDULING:

It is useful to establish a regular meeting time for appointments. The length and number of sessions will be dependent upon the type of therapy that we do and the goals that we establish. Appointments normally last fifty minutes. Groups usually meet for two hours. I try to be flexible in scheduling appointments if your commitments do not permit a regular meeting time. However, if you are in a group, you will be expected to attend at a regular meeting time each week. Once an appointment is scheduled, the time slot will be held for

you unless I receive 24-hour advance notice. **If I do not receive 24-hour advance notice for a missed or cancelled appointment, you will be charged your usual fee.**

FEES and COSTS:

Fees will be established prior to our first session. While fees are based on your ability to pay, I have a minimum acceptable fee for each type of counseling that I do. We will review this when we set the fee. Should you request a reduced fee, you need to be willing to discuss the financial circumstances that require a reduction.

I accept cash or check only. If a payment by check bounces, I will subsequently accept only cash and will ask that you pay for whatever bank charges are incurred. I prefer that you pay your fees at the beginning of each session.

Insurance carriers may have limited benefits that may directly affect your ability to stay in therapy. Should benefits run out or be reduced, I am under no obligation to provide further treatment unless payment continues in full or according to a revised and mutually acceptable plan.

REFERRAL:

I work only within the scope of my practice and my abilities. Some circumstances warrant referral to another professional. It is sometimes difficult to foresee the need for a referral in advance. Should the need arise, I will discuss this with you and make every effort to arrange for a smooth transition.

Should our work together indicate a need for medical attention, it must be understood that I am not a physician. I do not prescribe drugs nor offer any medical advice. I can, however, refer you to a medical doctor or psychiatrist if this becomes necessary.

CONCLUSION OF THERAPY:

Continued review of our work together and of progress toward achievement of goals for therapy will facilitate awareness of when it is time to conclude therapy or make changes in the therapy contract. Termination will occur either when the goals for therapy have been achieved or if therapy becomes counterproductive in achieving those goals. Clients may terminate our work together whenever they wish. However, a decision to terminate will optimally involve all of those who have participated in the therapy, including myself. It is most helpful to have a designated termination session to conclude our work.

INDICATION OF ACCEPTANCE

I/we have read Martha Clark Scala's statement of Information for Clients and hereby indicate that I/we understand and accept the provisions for therapy as stated. I/we acknowledge that I/we have discussed the abovementioned statement with Martha and accept the agreed upon fee of \$ _____ per session. Should a change in the financial situation warrant a change in fees, I/we will notify Martha as soon as possible.

Signed,

(signature)

(print name here)

Address: _____

Phone(s): _____

Date: _____

Date Received: _____

Signed: _____
Martha Clark Scala, MFT