

Myles Downes, MFT
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Office Policies

Payment for Service – Fees for services are due at the time they are rendered, unless other arrangements have been made. Please notify me if any problem arises regarding your ability to make timely payment. I ask all of my clients to provide their credit card and signature, to protect myself against possible non-payment. By providing this you are agreeing that I may charge your card to cover missed sessions, outstanding balances, or other mutually agreed upon instances. I will always attempt to solicit payment from you personally first before undertaking this step.

Appointment Scheduling and Cancellation Policies: Sessions are typically scheduled to occur one time per week at the same time and day if possible, though we may come to a different arrangement, depending on the nature of your concerns. Consistent attendance *greatly* contributes to a successful outcome.

Once we agree on a regular time(s) to meet during the week, I will reserve those hours for you. I will not charge you for sessions you cancel with at least 24 hours notice, up to six sessions per calendar year. For all other sessions where you provide me with 24 hour notice, and you would like to reschedule for another time within that same week, I will do my best to accommodate your request. If rescheduling is not possible and you have already missed six weeks for the calendar year, or you are unable to provide 24 hours notice (again unless you can reschedule within the same week), you are responsible for payment for the missed session(s).

Please understand that your insurance company will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies: Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed in person and within regularly scheduled sessions. Phone calls that extend beyond approx. 10 minutes may be charged on a pro-rated basis.

You may leave a message for me at any time on my confidential voicemail. If you wish me to return your call, please be sure to specify this in your message. Please note that I check my messages every few hours between 9 am and 5 pm Mondays through Thursdays, and I do not normally check messages over the weekend unless I am aware of a specific situation that necessitates it. Non-urgent phone calls are returned during normal workdays. Additionally, you should be aware that the phone service I use sends me emails with voice recordings of your voicemails as an attachment and that I normally keep these as part of your confidential client record. If you do not wish me to keep these please let me know, but do be aware that there will still be a record of the voice recording on the server.

In the event of a medical or psychiatric emergency, or an emergency involving a threat to your safety or the safety of others, please leave a message for me and then call 911 or the 24-hour crisis line for Suicide Prevention, (415) 781-5090. Please do not use e-mail for emergencies. Also, please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means.

I have been offered the Notice of Privacy Policies, and I have read and fully understand the above Office Policies.

Client Signature _____ Date _____

Client Signature _____ Date _____

Psychotherapist Signature _____ Date _____