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## POLICY STATEMENT

### **SESSION FREQUENCY & LENGTH:**

Standard sessions are 55 minutes long. Other session lengths are available should we determine that this would be more effective, supportive, and regulating.

Please do not arrive more than 10 minutes prior to your session commencement time, as it is disturbing to the session in progress.

### **FEES & PAYMENT:**

Appointments are once or twice per week. I do not see clients on a less than weekly basis, as I do not find this to be an effective or satisfactory way of achieving change and helping you to heal.

My standard session rate is \$175 per hour. Sessions that extend beyond the 55-minute length are billed by the minute based on your session fee.

The full amount of your session *fee is due at the beginning of each session* unless other arrangements have been made. If you are paying by check or in cash, please have your payment ready ahead of time so that it will not take time either from your or the next person's session. If you want or need to pay through the IVY Pay App, please notify me ahead of time or at the beginning of your session.

*Please see the separate payment policy documents for details about payment vehicles and policies.*

*I will not charge for any brief exchanges made for the purpose of scheduling and such. However, unless otherwise arranged, time spent communicating about your concerns or supporting you through difficult times, will be charged at the regular rate and will be billed via IVY PAY following our communication (via phone, email, or text).*

**RAISING FEES:** I raise my fees annually after we have worked together for 1 year, in order to accommodate for cost of living increase and to value myself and run my small business successfully. Fees generally get raised regularly in January by \$10.00 increments or at the year mark of your commencement if that falls midyear. Please note, if you have not had a fee increase in more than a one (1) year period, your fee may rise more substantially, accordingly.

**CANCELLATIONS & MISSED APPOINTMENTS:** Psychotherapy, to be effective, requires commitment and dedication. Sessions are scheduled at a regular time that are consistent and

at the same time each week. When you schedule an appointment, your session time is reserved exclusively for you. I expect you to come every week (or twice a week, etc., as applicable).

***If you must cancel in the case of illness or emergency, I require notice of at least 48 hours notice prior to your session or you will be charged for your missed appointment.***

Unless otherwise arranged, the above also applies to telephone and video consultations. If you cancel with less than 48 hours notice and I am able to fill your session time, I will only charge you a ***\$50.00 rescheduling fee*** as this takes some time and effort on my behalf.

In cases of these short notice cancellations, is your responsibility to make certain that I get your notification within the 48-hour window and that I confirm and acknowledge your cancellation communication. I strongly suggest emailing and texting me to be sure that I receive it. ***Please see A Note About Reaching Me, below.***

If you are going on vacation, and will not be able to attend your regular session(s), please provide me with at least ***two (2) weeks or more notice*** in advance in both written email form, and in person at the beginning of your session time.

When you have important scheduling conflicts that cannot be avoided and require scheduling changes, (like mandatory work related or school conflicts, medical appointments, etc.), please notify me in writing by email and at the beginning of the session(s) prior. Sessions can be rescheduled ***with at least 1 week, or as much notice as possible***. However, if I cannot reschedule your appointment, or fill the time slot, your therapy session fee is still your responsibility since your session time is exclusively reserved for you.

***See illness & cancellation policy and payment policy for more detailed information.***

**AVAILABILITY BETWEEN SESSIONS:** Due to the fullness of my work schedule, and in order to be as present and fully available as I am in our psychotherapy work, I am not generally available in any form between our regularly scheduled sessions. It is essential for my own health and well being that I am actually and completely "off" in the days in between my workdays. I am in the office Tuesdays, some Wednesday mornings until 11:30am, and Thursdays. Friday through Monday, I am not available to respond to anything except notices of cancellations (assuming I am in range and on email), unless we have a prior alternate agreement arranged.

If you finding yourself struggling, are going through an unusually difficult period, are in crisis and are in need support before your next regular session, you can request an additional in person or telephone session during the week as needed or more regularly. If my schedule allows and I am able to do so, I certainly will endeavor to schedule you for an additional in person or telephone session time. However, this is not always possible. Additionally, it is not always possible that I can respond to requests on my off days or in my off hours. Thus, I encourage you to reach out for other resources during these challenging periods as much as

you are able. When alternate people or resources are not available, I strongly suggest that you call the Crisis Support Services hotline at 1(800) 273-8255.

**TELEPHONE CALLS, EMAILS & TEXTS:** I return communications from Tuesday to Thursday unless timely or urgent. *If you need a return message, please request that clearly in your text or email communication to me.*

**A Note About Reaching Me:**

For any communication that is timely or urgent (like an illness or emergency 48 hour cancellations), please do TEXT me if you are comfortable with the confidentiality of electronic communication, as that reaches me most directly and immediately if I am in cell range. If you prefer, you can always text me to tell me you have left me a confidential voicemail or an email and a text follow up is required in the case of any short notice/48 hour or less cancellations.

***TEXT & VOICE MAIL COMMUNICATION HOURS: Please be mindful that my business phone number is a cell phone and that I have my cell phone on and beside me at all times, including during the nighttime hours. So, please call or text me only between the hours of 11:00am-10:00pm except on appointment days, (T-W-TH, when I am up early at 6am). Please only text me for issues that are timely or urgent. Otherwise, please email me. You can send me email at any time day or night as that does not disturb me. But if it is important that I get it sooner than later, especially in the case of short notice/48 cancellations, then you must also please follow up any email by a text.***

***If you are not comfortable with electronic communication, please let me know at the commencement of therapy so that we can figure out the best way to communicate.***

***Please be aware that I cannot guarantee the confidentiality of electronic communications. Please use those forms only if you feel comfortable with that risk.***

**CONSULTATIONS WITH OTHER PROVIDERS:** In support of your care, it may be necessary or supportive to your care to have me communicate with your other health care providers. If you/we decide to have me do so, you will need to sign a formal release of information to allow me to disclose your personal and confidential information. Additionally, any time spent by me in consultation with your health care providers will be charged at your regular rate and can be paid via Ivy Pay.

**VACATIONS:** When I take vacations or am out of town for any significant period of time I will endeavor to provide you with as much notice as possible. In my absence, if you request, another licensed colleague can be available for phone consultation or session times should need or emergency arise.

**CONFIDENTIALITY:** All information disclosed within sessions and counseling records are confidential and may not be revealed to anyone without your permission, except where

disclosure is required by law. However, your therapy may be discussed in case consultation with my professional consultant. This consultation serves you, as it assists me in being better able to facilitate your therapeutic process and thus assures you the highest quality of treatment and care.

Disclosure is legally required in the following circumstances:

- (1) Where there is reasonable suspicion of child or elder abuse (2) where there is reasonable suspicion that you, the client, presents a danger of violence to others, or (3) where you, the client, are likely to harm yourself unless protective measures are taken.

Disclosure may be required pursuant to legal proceeding. Please be aware that you waive your privilege to confidentiality when you tender your mental health for the purposes of a lawsuit or claim.

When you use insurance or a managed care plan, they may ask for clinical information at various points in the treatment process to justify ongoing therapy. I make every effort to disclose only what is necessary.

**TERMINATION:** The decision to stop therapy is frequently a mutual and gradual decision that comes at an appropriate time based on the work that has been accomplished in therapy. The termination of therapy is a process of evaluation, leave-taking, and closure, which requires time. Completion sessions provide you an opportunity to tie up loose ends, assess the work that has progressed during your therapy, and to discuss future directions. I believe that these sessions allow for a completion that will protect and preserve the therapeutic work you have accomplished.

Ideally a minimum of four (4) weeks notice should be provided when you intend to end therapy. Ideally, termination is a mutual decision, made when it appears that the work is nearing completion. The termination process may take more or less time than four (4) weeks in some cases. In the event that circumstances require a sudden decision to terminate therapy, it is my policy that we meet for at least one (1) completion session, with which to close therapy.

**CONSENT TO TREATMENT:**

I/we understand and consent to the therapeutic treatment as described. This consent shall be valid for the duration of psychotherapy. By signing this form I/we acknowledge that I/we have both read and understand all the terms and information contained herein. Ample opportunity has been offered me to ask questions and seek clarification of anything unclear to me.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client's Representative if applicable - name, signature, relationship:

\_\_\_\_\_

**Client Information Sheet:**

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Printed Legal Name

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Date of Birth

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Current Mailing Address

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Cell Phone #

Home Phone

Work Phone

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Email Address

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Emergency Contact Name/Relationship

Phone #

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Permission to Contact Above Named Person in Case of Emergency