

Website information Patricia Scott MSW

San Miguel de Allende, GTO
Telephone 415-154-1138
US telephone: 512-317-6525
Email: mermaidpls@gmail.com

DIRECTIONS TO THE OFFICE:

FEES:

Fee for 45 minute individual session is 900 pesos
Fee for 60 minute sessions is 1200 pesos, Fee for 180 minute evaluation 1800 pesos
Fee for psychotherapy, consultation, clinical supervision to US via telephone or videoconferencing: \$90.00 USD for 45 minute session, \$120 for one hour
Payment is due at the time of visit unless other arrangements have been made.

Missed sessions not cancelled 24 hours in advance are billed at ½ session charge.

ABOUT CONFIDENTIALITY:

San Miguel is a very small town! Occasionally, someone might mention information about you in my presence in a social or other setting. I will not acknowledge seeing you in therapy on these occasions even though you may have told the individual you are seeing me. I don't accept social invitations from people I'm seeing in therapy, so please don't be offended if I decline your invitation.

I maintain minimal electronic notes about our visits and all notes are kept in a password secure and locked area. I will not release information about you or your treatment without your written permission. The only exception to this policy is in dire emergencies.

Except for emergencies the best way to reach me is via email (mermaidpls@gmail.com). My office telephone number (415-154-1138) has an answering machine, but please note that information left on an answering machine may not be confidential.

TREATMENT PLANNING:

My preference is to see you two or three times, then set aside a few minutes to talk about whether this is a good fit for your needs, other resources from which you might benefit and how we might proceed.

Feel free to ask about my credentials, licenses, training, experience, specific areas of expertise or any other information about me that is pertinent to your treatment. You are also encouraged at any time to ask about my thoughts about your treatment, progress or treatment plans

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Name _____

Address: (SMA) _____

Other address? _____

City: _____ State: _____ PC or ZIP _____

Do you prefer to be contacted by: telephone, email and/or text?

Telephone: _____ cell number? _____

Is it OK to leave a message at these numbers: () Yes () No

E-Mail: _____

Is it OK to contact you by email? () Yes () No

Text address: _____ (WhatsApp or Messenger?)

OK to text you at this address? () Yes () No

Other information:

Birthdate: _____

Marital status: _____ Spouses name: _____

Children and ages _____

Any current physical problems? Description and any medication taken:

Any previous psychiatric / psychological care? Where and what for?
