



**BANYAN**  
**THERAPY GROUP**  
REFUGE - RECOVERY - RESTORATION

Welcome to our office! We would like to make you aware of specific office policies and how these procedures may affect you.

***General Information:***

Banyan Therapy Group is operating under the corporation, Dan Drake, Marriage and Family Therapist, a Professional Corporation. This corporation is doing business as Banyan Therapy Group.

***Client Rights:***

Our relationship is strictly voluntary, and you may leave the psychotherapy relationship any time you wish. Please keep in mind that ending relationships can be difficult and closure is very important when moving on. Given this, we request that you give at minimum two weeks' notice so we can conclude on a healthy and positive note.

***Limits of Confidentiality:***

Sessions between psychotherapist and client are strictly confidential, except under certain legally defined situations involving threats of harm to self or others, and situations of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, we are required by law to notify the police and to inform any intended victim(s). In the case of harm to self, we are ethically bound to inform the nearest relative or significant other, or to otherwise enlist methods to prevent harm to self or suicide. In instances of child abuse, elder abuse, or dependent abuse, we must notify the proper authorities.

In the event that your therapist dies or becomes incapacitated, we have a protocol in place. Please discuss any questions you have with your therapist about their protocol in the event that they become suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death.

***Payment & Fees:***

It is customary to pay for sessions at the time of the session, unless otherwise arranged. Please have payment ready before the session begins. Payments must be in full. Acceptable forms of payment are cash, check, and credit card (Visa, Mastercard, Discover, and American Express). Credit card charges will appear as "Dan Drake MFT LPCC", or a variation of that, on your statement.

***Insurance:***

We will be happy to sign any forms at your request or provide a monthly superbill/invoice for you to submit to your insurance provider. Please understand that your insurance is an arrangement made between your carrier and yourself with reimbursement set by your insurer.

***Telephone Accessibility & Emergency Procedures:***

Calls will be returned during scheduled business hours. Please ask your therapist to specify those hours. Should you need to contact someone between sessions, we cannot guarantee an immediate return call, although every effort will be made to return calls within a reasonable amount of time. If you have a therapeutic emergency and your therapist is out of town or unreachable, you can contact the main line at 818-435-7847 or designated therapist. If it is a true, life-threatening emergency, call 911 for help.

In the event of a phone call beyond 15 minutes you will be charged at a prorated rate of the hourly fee (i.e. a fee of \$200 per 50-minute session will warrant a \$50 fee if there is a phone session of 15 minutes).

# BANYAN

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## THERAPY GROUP

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***No Secrets Policy:***

If you are coming in for couples/family therapy please know that your therapist has a “no secrets policy.” What is shared by you to your or another therapist at the practice may be disclosed to your partner/family. Please note that all the therapists at Banyan Therapy Group meet together for case consultation. We may discuss your case as a group to provide you the most effective services possible.

***Appointments & Cancellation Policy:***

Sessions are 50 minutes long, unless a different fee and time are agreed on. Occasionally you may have to miss an appointment. In that case, please notify your therapist at least 24 hours in advance to avoid being charged for the session. This is necessary because a professional time commitment is set aside and held exclusively for you.

I have read, understood, and agreed to the conditions stated above:

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Signature

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Date

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Signature of parent/guardian if client is a minor

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Date