

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.

Appointment Scheduling and Cancellation Policies: Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy, depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours notice in advance, you are responsible for payment of the missed session. 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 within regularly scheduled sessions. Phone calls that extend beyond approx. 10 minutes will 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 on weekdays (Monday through Friday), 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. 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 given the Notice of Privacy Policies, and I have read and fully understand the above Office Policies.

I authorize and request that Myles Downes, MFT, carry out psychotherapeutic examinations, diagnostic procedures and/or treatment which now or during the course of my care as a client are advisable. I understand that the purpose of any procedure will be explained to me and be subject to my agreement.

Client Signature

Date

Client Signature

Date

Psychotherapist Signature

Date