Peggy Bolcoa, PhD, LMFT
Individual, Marital and Relationship Therapy

To My Clients: I am not part of a partnership or corporation. As a sole practitioner, I set my own fees, policies and hours of practice.

Fees are payable at the beginning of each session. Please have your payment ready so we don't use valuable session time. I don't do insurance billing but will be happy to provide you with a "super bill" for reimbursement by your insurance company. It's up to you to know about your benefits and requirement for prior authorization.

CONFIDENTIALITY FOR INDIVIDUAL COUNSELING

I abide by and respect the legal and ethical code of confidentiality. There are exceptions to confidentiality as mandated by California Law: I must report any life threatening situations against self or others and/or suspected physical or sexual abuse and finally, any ongoing child abuse, elder abuse, or dependent adult abuse.

COUPLES THERAPY

When working with you, it is understood that my patient is both your relationship and each of you as individuals. In addition to the parameters for confidentiality as stated above, it is important for you to know that I have a NO SECRETS POLICY. I find this is important in creating a space where both partners can feel safe. This means that I will not hold secrets for either partner. On occasion I might see individual partners for an individual counseling session. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and provide guidance within the next couple's session. If the individual refuses to disclose the information within the couple's session I may determine that I must discontinue the counseling relationship with the couple and provide referrals to a therapist who can provide individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship and it enables me to be the most helpful in doing the work you have asked me to accomplish with you.

Both partners must provide their consent to release couples counseling records. If one partner does not provide consent, records will not be released.

The continued ***participation by each person is voluntary***. Either party may terminate the therapy at his/her request.

I certify by my signature below that I have read, fully understand and agree to abide by the stated policies.

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Signature DOB Date

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Signature DOB Date