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TREATMENT AGREEMENT

BENEFITS & RISKS: While most people benefit from therapy, it never guarantees success. The success of therapy depends on the complexity and severity of the problems addressed, the effort of the client, and the competence of the therapist. Some risks exist: You may experience uncomfortable emotions, and others may not approve of your new decisions or behaviors.

CONFIDENTIALITY: What a client tells the therapist is confidential and legally protected, and any released Information requires written permission from the client. However, some exceptions include reports which may be required in suspected cases of abuse of a child, or of an elderly or disabled person, or when a client may endanger either self or others. In most legal proceedings a client can protect information about therapy. However, if one's mental status becomes an issue in litigation initiated by the client, or if actions are taken before the Board of Psychology, confidentiality may face limits. In couples counseling, confidentiality between partners does not apply. In the event of any legal proceedings, the client agrees to pay the therapist's current fee for all time in preparation, in travel, and in court.

AVAILABILITY: Office hours are held on Tuesdays, Wednesdays, and Thursdays, sessions last 45 minutes and begin on the hour. One may schedule appointments weekly or every other week. Those who do not wish to meet that frequently will be scheduled when a cancellation provides an open time.

EMERGENCIES: In an emergency, a client may telephone at any time. The answering machine will take the message and the client will receive a call back as soon as possible or the client may call the Crisis Support Services of Alameda County at 1-800-309-2131.

EXPERIMENTAL THERAPIES: The therapist may ask to use a technique called "muscle testing", which requires touching the client's wrist or fingers. The therapist may also ask to test various substances suspected to be out of harmony with the client's body. The therapist will ask permission before using these optional techniques.

PAYMENT: The fee for therapy is due at the **beginning of each session and payable by cash or check but not credit card.** The fee also covers an additional 10 minutes before the session to review notes from previous sessions to assure continuity of treatment and approximately 5 minutes after each session to make these notes. The client may receive a monthly statement for insurance or other purposes upon request.

Please see next page

CANCELLATIONS: Anyone not be able to make a scheduled session should contact the therapist as soon as possible. The full fee will be charged for missed appointments without a **24 hour notice**. This advance notice enables someone else to fill that appointment time. Exceptions to this policy include serious emergencies or serious illness of the client or immediate family. There is also no charge if the client cancels within the 24 hours for a communicable disease such as a cold or flu virus.

RELEASE OF LIABILITY: I understand that Tony Roffers, PhD is a licensed psychologist (PSY 3704) and not a medical doctor, and that I am not consulting him for the purpose of medical diagnosis or treatment but to obtain information and guidance on matters related to my psychological, emotional, and physical welfare, and that these cannot be separated. This guidance may include suggestions and recommendations about foods, nutritional supplements, exercise, detoxification, herbs, lifestyle modifications, energy balancing and other holistic health methods that may help my psychological as well as overall health. I understand that Tony Roffers is not advising me to forego the use of prescribed medications or other medical procedures. I acknowledge that nothing in the recommendations made or methods used by Tony Roffers is for the purpose of diagnosing, treating, alleviating, or curing diseases. I understand that I have the right under the Constitution of the United States of America to exercise my freedom of choice in matters concerning my personal health and mode of health care. I therefore reserve my right to make such choices and do not hold Tony Roffers responsible for my decisions or the future outcome of my decisions. In consulting with Tony Roffers, I declare that I am not serving as an officer of the government, nor am I acting as an agent on behalf of government or private interests for the purpose of entrapment or investigation.

ACKNOWLEDGMENT: I have read, understood and agree to the above policies and statements. If I have any questions or concerns I will bring them up with Dr. Roffers before signing this.

PRINT NAME	SIGNATURE	DATE
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