

Lynn Ellen Marcus, LMFT

P. O. Box 27206

Oakland, CA 94546

510-632-2244

License MFC 30429

CLIENT INFORMATION AND CONSENT

The following includes information pertaining to my practice of psychotherapy. I'm happy to discuss any questions or concerns you might have about this at any time.

Participating in psychotherapy can result in a number of benefits to you, including a better understanding of your personal goals and values, a better relationship to yourself and others, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, may at times be slow, difficult and even painful. While there are no guarantees, your active participation will contribute greatly to this process. The quality of the relationship between us is vital to the success of the therapy, so I welcome any input from you about how the process is going, or new directions you want to take.

All communications and your presence here will be held as confidential except when you provide me with written permission to disclose specific information on your behalf, or when the following circumstances apply:

1. According to California and federal law, I may need to break confidentiality to exercise my duty as a mandated reporter of suspected child abuse, elder abuse, or dependent adult abuse. (This includes physical, emotional or sexual abuse and/or severe neglect).
2. If you present a serious threat of harming yourself or are gravely disabled (unable to provide food, shelter, or clothing for yourself) I may need to break confidence to protect you.
3. If you present a believable threat to harm another person or to property, I am required by law to warn that person of the possible danger, and to notify the police.
4. If your records are subpoenaed by a court order, I may be required to provide them.

Periodically I may consult with professional colleagues if I believe that doing so will help me meet your needs more effectively. When doing so, I will take care to protect your privacy by excluding any identifying information and these communications will take place in private.

Disclosure of confidential information may be required by your health insurance carrier in order to process claims. I will attempt to provide your insurance carrier with the minimum information necessary to process your claim. Submitting a mental health invoice for reimbursement carries some risk to confidentiality and privacy.

If you are in family or couples therapy with me and we agree to individual sessions with you separate from the others, what you say in those individual sessions will be considered to be a part of the family or couples therapy, and can and likely will be discussed in our joint sessions. I will remind you of this understanding before beginning such individual sessions. If our work began as individual therapy and you ask to bring in another person to therapy, we will further discuss how information will be shared among all present as part of our understandings about the group/family visits.

CLIENT INFORMATION AND CONSENT

Psychotherapy sessions are usually 50 minutes in length once a week. Based on your circumstances and where you are in the process, we may need a change in this structure, such as more or fewer sessions per week. If either of us feels a need for some adjustment in the structure, we will talk about the impact of such a change and I will do my best to find something that works for you.

I will make every effort to meet regularly except for vacations and illness, and I ask the same commitment from you. You are financially responsible for all scheduled sessions, and you will be charged unless you cancel the session by phone or email at least 24 hours in advance. Fees, including periodic fee changes, are discussed and set individually. You may pay after each session and we can discuss the method of payment. I can provide you a statement for services as needed.

I prefer using email primarily to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email may not be completely secure or confidential. Emails I receive from you and any responses that I send to you become a part of your treatment record. You may leave a more detailed message on my office voicemail. If you need me to call you back, I will attempt to do so between Monday and Friday, 10 a.m. to 8 p.m. Voice mails and phone conversations adding up to more than 15 minutes per week may be billed to you at a prorated fee.

You have the right to decline or discontinue this treatment at any time, whether you feel you've reached your goals or, for whatever reason, you're not happy with the therapy or the fit with me. I can provide referrals to other therapists or discuss treatment alternatives with you.

Your signature below indicates that you have read this and received a copy, and that you understand that you are invited to discuss any questions or concerns you might have.

Client Name _____

Client Signature _____ Date _____

Client Name _____

Client Signature _____ Date _____

Lynn Ellen Marcus _____ Date _____