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Information and Client Consent Form

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Therapist

I have a Bachelor's degree in Psychology from Scripps College, a Teaching Credential, and a Masters Degree in counseling I obtained from California State University, Sacramento in 2003. I am a licensed Marriage and Family Therapist, registered with the California Board of Behavioral Sciences. I have received advanced training in Emotionally Focused Couples Therapy (EFT) and am a certified EFT therapist.

Session Length

An individual session is 45-55 minutes in length. Family and couples sessions are typically 1 ¼ hours each week. Appointments are ideally scheduled at the same time each week or every other week. Your consistent attendance greatly contributes to a successful outcome.

Fees

Fees are for services rendered. The pre-arranged fee of \$_____ is due at each **50 or 75 minute session**. Checks should be made out to Laurie Sanders. If a check is returned for insufficient funds, you will be charged a \$25 service charge. I am not accepting insurance at this time. I do not bill insurance companies directly but if you have a PPO or HSA I can provide a receipt that you may be able to turn in for reimbursement depending on your individual benefits. By not billing insurance directly I am able to provide more privacy for my clients and avoid a third party dictating how we do therapy. Please note that many PPO insurance companies will reimburse for out of network services and I can help you with this process.

Cancellation

If sessions are cancelled with 24 hours notice there will be no fee charged. For sessions cancelled with less than 24 hours notice and for sessions missed without cancellation, the full session fee will be charged and due at the next session attended.

Therapist Availability / Emergencies

Once we have begun a therapeutic relationship, I am willing to talk with you briefly on the phone, but I believe that important issues are better addressed within regularly scheduled sessions. A message can always be left on my voice mail or by text. I will make every effort to return your call during regular business hours, within 24 hours.

If your call is an emergency, leave a message, and then call 911, or Placer County ACCESS, the local crisis hotline: (888) 886-5401 or (916) 787-8860.

Additional Professional Services

When complex situations require additional professional services, such as consultation with physicians, attorneys, school personnel, etc., you will be advised of any charges and such services will only be obtained with your written consent.

Confidentiality

All information shared in session is strictly confidential with these exceptions:

1. If you threaten physical harm to another person or their property.
2. If you reveal that a child has been neglected, abused or sexually molested.
3. In addition, if you are seriously suicidal, I may determine it to be in your best interest to discuss your situation with other treatment professionals or your family.
4. If you give written authorization for a release of information.
5. If I am court-ordered to release information.

Minors and Confidentiality

Parents have the legal right to be appraised of their minor (under the age of 18) child's treatment. Parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. However, treatment with a minor often progresses best with a good-faith agreement to confidentiality between the parents and their child so that the child can be assured of his or her confidentiality in therapy sessions. Consequently, I may discuss the *treatment progress* of a minor client with the parent or caretaker, but preferably not details that would decrease trust between the minor and me. I urge you to discuss any concerns you have about this topic.

My No-Secrets Policy

Although I hold a great value in keeping what you share with me confidential, I will not keep secrets shared to me by one member of a couple from the other member. In couples counseling the couple is my client, and secrets kept from one member in a couple, I believe, are detrimental to the trust necessary to create a secure, loving bond. So, in helping you create a safe sanctuary in your relationship, I will gently support you to share your secrets.

E-Mail: You are welcome to contact me via e-mail if that is convenient for you. I will respond to your e-mail as promptly as possible, within regular business days/hours—Monday –Friday, from 8am to 6pm. **Please note:** I will not do any type of therapy via email so please use it for communication about scheduling or to update me about a specific issue only.

Planned Absences:

I will inform you in advance if I plan to be unavailable for a session or on vacation. I will arrange for coverage by another therapist and will provide you with their name and phone number. You are encouraged to call that therapist if an urgent issue or crisis arises during my absence.

About the Therapy Process

Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or guarantee a specific outcome or result.

It is my intention to provide professional services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. Therapy is a service that you purchase, and if you are not happy with the services received, it is your responsibility to make that known so we can discuss any roadblocks to your progress. I will also periodically initiate discussions about the progress of treatment.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either you or I may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

If you have any questions, please feel free to discuss them with me.

Your signature indicates that you have read the above information carefully and understand my policies:

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____