Lisa Hauck Loy, MA

· Licensed Marriage and Family Therapist ·MFC35244 ·

OFFICE POLICIES and
CONSENT TO PSYCHOTHERAPY SERVICES

Welcome to my office. Please read this over carefully and let me know if you have any questions or concerns. Once you are satisfied, please sign your name at the bottom.

Benefits and Risks of Psychotherapy: Most people benefit from psychotherapy. Success can vary because of the uniqueness of each person and her/his issues. Self-exploration, development of new relationship to self and others, gaining understanding, discovering new ways of dealing with problems, and learning new skills are usual benefits. Most people experience an expanded repertoire of feelings during the course of therapy, such as sadness, joy, anger, longing, disappointment, gratitude, guilt, etc. These experiences are an important part of therapy and can provide more access to internal resources, an enriched emotional and relational life and lead to healing and transformation if one stays with the process. Sometimes people make important decisions and changes in the course of the treatment, which may affect one's relationships with others.

Psychotherapy offers no guarantees, however, one's commitment to the process generally assists in a helpful outcome. I welcome discussion or questions about the various therapeutic modalities I use in my work. You have the right to voice questions or concerns about our relationship and/or the therapy at any time during the therapy. I may find it beneficial to refer you to another practitioner such as a bodyworker, physician, etc. to assist you in areas that are not my expertise.

Sessions: Sessions usually last 50-120 minutes as scheduled. Effective psychotherapy occurs at regular intervals, weekly unless otherwise agreed upon, with minimal interruptions in the process to respect the commitment we both make to the therapy. Couples and families usually require extended sessions.

Confidentiality: The information disclosed by you in sessions and the written records pertaining to those sessions **are generally confidential** except with your written permission. In the treatment of a minor, I may disclose information to the custodial parent(s) or legal guardian that I consider clinically appropriate.

There are exceptions to confidentiality as required by law including, but not limited to, reporting child, dependent adult or elder abuse or neglect; threats of violence towards yourself, others or the property of another; when a client's records or information is subpoenaed by a court of law or sought by law enforcement under HIPAA and the USA Patriot Act, and when you make your mental or emotional state an issue in a legal proceeding.

Minors: In treating minor children of divorced parents please provide me with a copy of the custody agreement.

Health Insurance: Disclosure of confidential information may be required by your health insurance carrier to process claims. Only that information required will be communicated to the carrier. I have no control over what insurance companies do with the information I submit or who has access to this information.

Litigation Limitation: The therapeutic process often involves self-disclosure regarding matters of a confidential nature, which in order for therapy to be effective, need to be held in confidence. Therefore it would not be in your best interest for me to testify in any legal proceeding involving you, as it would breach confidentiality and my neutrality in such a situation, thus **it is my policy not to testify in any legal proceedings involving you.**

Telephone and Emergency Procedures: If you need to contact me between sessions, please call me at 415-459-3117. If your phone call is urgent, do not hesitate to let me know. I will return your call at the first

available moment. There is no charge for phone calls lasting 10 minutes or less. If more extensive time/contact is needed, your phone call, including the first 10 minutes, will be billed at your regular session rate. Alternately, we can schedule a session before your next regular appointment. If you are unable to reach me in an emergency, please do not hesitate to call 911, or the Marin County Crisis Unit @ 499-6666 or the Suicide Prevention Hotline @ 499-1100.

Payment and Insurance Reimbursement: Your fee is based on a fifty-minute session. I prefer payment at the **beginning of each session** unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Fees may be raised on a yearly basis unless we have prearranged to make fee adjustments based on your financial situation. Please notify me if problems arise regarding your ability to make timely payments. For clients with insurance, professional services are charged to the client and not to the insurance company. I can provide a receipt at the end of each month for you to submit to your insurance company for reimbursement, if you choose. Not all issues, conditions or problems discussed in psychotherapy are reimbursed by insurance companies. Insurance companies generally do not reimburse for missed sessions. Please verify the specifics of your coverage.

Cancellations: I expect full fee payment for any cancellations made **for any reason** with less than **24 hours** notice. Appointments forgotten or missed without notification will also be charged at your regular fee. **If you are contagiously ill, please let me know and I may choose to offer you a phone session or postpone our session**. I allow one **emergency** cancellation per calendar year at no charge for sudden illness, accident, your child's sudden illness, or death in your family.

Vacations: Please give me at least one week's notice of your vacation or out of town time. I will give you advance notice of my vacation time. I will also leave the name and telephone number of another therapist on my outgoing message should you need to speak to someone in my absence.

Emergency Procedure: In an emergency, I authorize Lisa Hauck Loy to contact, about my safety and

wellbeing, with

(client 1) name_____telephone_____

(client 2) name_____telephone_____

Termination of therapy: You may initiate a termination process in person, during a session, without any obligations other than those you have already incurred. **The termination process is an integral and critical part of the therapy and warrants full discussion and exploration**. If needed, I will assist you in finding another clinician with whom to work.

I have read the above Agreement and Office Policies carefully, I understand them and agree to comply with them.

_____

Lisa Hauck Loy, MA

· Licensed Marriage and Family Therapist ·MFC35244 ·

Client name or parent (print) Signature(s)

_____

Client name or parent (print) Signature(s)

_____

Client name or parent (print) Signature(s)

_____

Date Address

_____

3/10

· 1346 4th Street, #207, San Rafael, CA 94901 · 415·459·3117 ·