

Meg Luce, M.S. LMFT #47613
Licensed Marriage & Family Therapist
405 West Main St. G.V., CA 95945

INFORMED CONSENT

Welcome and please read the following information regarding my policies and procedures. I will be happy to answer any of your questions.

Therapeutic Approach: I use an integrative approach including cognitive-behavioral therapy, mindfulness, as well as experiential approaches and Eye-Movement Desensitization and Reprocessing. The techniques used depend on the client's presenting concerns and preferred way of working.

Appointments: Appointments are 50 minutes long. The fee for a 50-minute session is \$100. I offer a limited number of lower fee appointments that are offered to those who are not otherwise able to pay for my normal rate. Please discuss this with me if applicable. Fees are payable at each session with either check, or cash. If you need to rearrange an appointment please call 24 hours ahead of time. Missed appointments are charged the full fee. Exceptions would be illness or other emergencies arising that same day.

Confidentiality: I place a high value on the confidentiality of the information that my clients share with me. I take notes and some of the information you share with me will be in your files. I am the only one who has access to those files and they are stored in a locked file cabinet. Should you desire release of some information to another professional, for example your Doctor or another therapist, both your verbal consent and written authorization would be acquired first. You can revoke this authorization in written form at any time.

Exceptions to Confidentiality There are several important instances when confidential information may be released to others:

✓ First, if you have been referred to my office by the Court ("court ordered"), you can assume that the Court wishes to receive some type of report or evaluation. In such instances, you have the right to tell me only what you want me to know.

✓ Second, if you are involved in litigation of any kind and inform the court that you receive services from me (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult your Attorney regarding such matters before you disclose that you receive treatment.

✓ Third, if you threaten to harm either yourself or someone else, and I believe your threat is serious, I am obligated under law to take whatever actions seem necessary to protect people from harm. This may involve divulging confidential information.

✓ Fourth, if I have reason to believe that you are abusing or neglecting your children, an elderly person, or a person dependent upon your care; if you are the recipient of such abuse; or you share knowledge of someone else that may be involved in such abuse. I am mandated by law to report this to the appropriate agency. The law in California considers Licensed Marriage and Family Therapists to be "mandated reporters" for such matters. In addition, when a client's family member(s) communicates to me that my client has mentioned intent to harm him/herself or another, I am required by law to take whatever actions are necessary to protect people from harm. Every effort is made on my part to safeguard your confidential information. If you have any questions about the above exceptions to confidentiality, please discuss them with me.

Emergencies I can be reached by telephone at (530) 913-2745. **I am not available for emergencies of an immediate nature. If you do not have family or friends available in an emergency, you can call Suicide Prevention at (800) 273-8255 or The Nevada County Crisis Line at (530) 265-5811.**

I have read the above statements and agree to these policies and procedures.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

*Please request a copy of Informed Consent if you would like one.