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## Policies and Consent

*Please read the following carefully as it provides important information. We can review any questions you may have during our first session. Please sign one copy and keep one copy for your reference.*

Psychotherapy can help you improve your sense of well-being, your relationships and your daily functioning by helping you discover new skills and ways of thinking and behaving, by enhancing your understanding of yourself and how you relate to others. Length of therapy and degree of change are different for every individual depending on a variety of factors. The nature/intensity of the presenting problems, goals of treatment, motivation and other life stresses and circumstances will all impact how the process unfolds. The psychotherapy process can be difficult and may trigger intense and uncomfortable feelings. Such feelings are a normal part of the treatment process and can be a catalyst for change.

**Confidentiality:** I do not disclose to others your participation in treatment or what we discuss in sessions unless you **provide me with written permission** to disclose specific information on your behalf or if one of 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, and 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 legitimate court order**, I may be required to provide them.
5. Other circumstances in which written consent for release of information may be required are detailed in the "Notice of Privacy Practices," which I will provide at your request.

I may occasionally 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 identifying information.

**Fees:** The fee for psychotherapy is \$90 per 50-minute session. Payment is due at the beginning of each session. I accept cash or personal check. I have a limited number of sliding scale slots which can be accessed through Open Path Psychotherapy Collaborative (<http://openpathcollective.org/>) which requires you pay a small membership fee for lifetime access to low cost providers. Please ask me if you are interested in more information about this option. I do accept Beacon/ValueOptions and Magellan Insurance once coverage for psychotherapy services is verified/authorized. I can provide documentation for out-of-network reimbursement for other insurance plans. I recommend calling your insurance provider to determine if services are included in your plan and to determine what is needed for authorization and/or reimbursement. I review my fees occasionally (no more than once a year). Any fee increase would not exceed \$10/session and any increase would be communicated to you two months in advance.

**Cancellations:** *Consistency in therapy is an important part of successful treatment. Sessions are weekly unless we have made a specific alternate arrangement. I will hold your session time as yours each week.* If you need to cancel, please make every effort to do so at least 24 hours in advance. I understand that illness and other circumstance, may prevent this amount of notice on occasion. To accommodate this, my policy is allow cancellations with shorter notice up to four times a year. You will be responsible for a cancellation fee of \$40 for any additional cancellations made less than 24 hours in advance. As I have limited office hours, it is unlikely I would be able to reschedule a session for the same week. I will announce any planned absence on my part at least two weeks in advance.

**Use of e-mail and texting:** I can not guarantee the confidentiality of e-mail and text communication. Therefore, I encourage you to limit the use of and content of such communications. If you choose to use e-mail or text to communicate confidential information, you accept the risk of any breach in confidentiality.

**Social Media:** Part of my professional responsibility is to maintain appropriate boundaries and protect the confidentiality of my clients. Therefore, I do not accept friend or connection requests from current or former clients on any social media sites. Additionally, although my practice information is listed on various sites that allow people to find my services, in the interest of maintaining your confidentiality, I encourage you not to post reviews on any public sites. If you are having concerns about the services I am providing, I encourage you to bring those concerns up in our sessions so that we can address them together.

I HAVE READ AND HAD ALL QUESTIONS ANSWERED ABOUT THE ABOVE INFORMATION. MY SIGNATURE INDICATES MY CONSENT TO RECEIVE PSYCHOTHERAPY SERVICES.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_