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Therapy has many benefits, often leading to better relationships, solutions to problems, and feeling better. This starts by developing a trusting, honest relationship with your therapist. My aim is to provide a safe and non-judgemental space for us to work, at your own pace, to identify ways that you can move towards a more fulfilling and satisfying life. What happens in therapy greatly depends on you taking an active part in psychotherapy by working on and thinking about the things you talk about with me. I will be committed to this process and I ask that you be also.

Couples and Families

I have a "no secrets policy" when working with couples or families. This means that I encourage you to discuss any thoughts or feelings directly during our sessions and not privately with me. I reserve the right to disclose or encourage disclosure of any secrets shared outside of the family/couple session.

Information that you bring to therapy is confidential, and I will not disclose or share information about you without your written consent. However, there are some legal and ethical exceptions to this confidentiality that I have outlined below:

- ❖ A therapist is required by law to report any reasonable suspicion of child and/or elder abuse that is occurring in the present or has occurred in the past.
- ❖ If while in session a therapist hears threats of violence towards another person, therapists have a legal duty to warn this person and the police of the threat.
- ❖ Therapists may legally and ethically break confidentiality if a client is suicidal, or in danger of hurting themselves, other people or other people's property.
- ❖ If a court of law orders release of information.
- ❖ At times, I may choose to consult with colleagues about the best way to provide the assistance you may need. In these situations I discuss the case without using any personal information that would identify you as the client.
- ❖ By signing this form you also give me permission to communicate with the Emergency Contact that you have given if I believe you are at risk. If you choose to make a claim to your insurance company, some information will be provided to them. Please discuss any concerns or questions you may have about confidentiality
- ❖ My fee is \$150 per session - length of session time is 50 minutes, and payment is expected at the end of the session. There is a sliding scale available for economic hardship. I am a provider with certain insurance companies, which may cover counseling services - please read and sign the insurance form prior to the end of our first session together.
- ❖ 24 Hour cancellation notice is expected. Your time is reserved for you, and if you must cancel, you will be responsible for the full fee of the session unless you give 24 hour notice. ***Most insurance will not cover the cost of a missed session.***
- ❖ Please feel free to leave a message via phone or email and I will return the call as soon as possible. **If there is an emergency please call 911 or Psychiatric Emergency Services at 707-576-8181.**

I understand and agree to consent to psychotherapy. If I wish to review these policies and procedures, I understand I may ask for clarification at any time.

Client Signature

Date

Therapist Signature

Date

Client/Parent Signature

Date

Client/Parent Signature

Date