

**Laurel A. Fay, M.S., LCMFT**  
*Licensed Clinical Marriage and Family Therapist*  
MD License #LCM167  
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### **INFORMED CONSENT, POLICIES AND PROCEDURES**

#### **My Philosophy and Approach:**

As a Licensed Clinical Marriage and Family Therapist, I am specially trained to work with couples and families, as well as individuals. I approach therapy from a systemic perspective, understanding people in the context of their relationship systems. I believe each person in a relationship is important to the system as a whole. Relationships become out of balance as a result of many different factors and patterns, which can be examined in the therapy sessions. I also view the systems *within* individuals: how their thoughts, feelings, and experiences affect their situation. I work with clients to understand how all these factors contribute to their present circumstances.

During an initial getting-to-know you period, I will work with you to develop an initial understanding of your problem/situation. We will then begin work to define your goals. Depending on the nature of your goals in therapy and the amount of consistent effort that is applied, therapy may involve just a few sessions or several months or years. Your goals may change as time goes on.

My approach is eclectic. I have various tools I use in therapy to customize to the uniqueness of the people I aim to help. Some of these tools include cognitive-behavioral techniques, experiential exercises, homework assignments, and family-of-origin work.

I want to work cooperatively with you at all times, and am open to your questions and feedback. You and I share responsibility for the outcome of therapy.

#### **The possible benefits** of participating in therapy may include:

- A better ability to handle or cope with marital, family, and other interpersonal issues.
- Increased understanding of family and personal goals and values.
- A deepening of connections in your relationships.
- A healing of wounds inflicted past or present.
- Greater happiness as an individual and increased relational harmony.
- Resolution of specific concerns brought to therapy.

#### **The possible risks** of treatment may include:

- No guarantee as to therapy outcome. Some people experience no improvement in their situation – a few may even think things are worse after treatment.
- The experiencing of intense and uncomfortable feelings as unpleasant events, relationship patterns, and other concerns are addressed.
- Therapy can sometimes lead to individual decisions that can be disruptive for your self or family.
- Some health insurance companies will not cover the cost of family or couple therapy.

**Outside consultation:** At times it will be important for me to contact other professionals who are helping you or your child. Such professionals may be school teachers, psychiatrists, or attorneys. I will not make such contact without the written permission of all participating family members.

As a means to help my clients as effectively as possible, I regularly consult with other experienced therapists regarding client issues. I do not reveal any identifying information about my clients.

**Fees:** The fee for a 50-minute session is \$125. **Payment in full is expected at the time of service.** If longer sessions occur, the fee will be prorated. Fees for additional time or services, including travel

time, will be charged at \$125 per hour. Such additional services may include, but are not limited to, consultation with other professionals, preparation of reports or correspondence, any necessary court appearances, school meetings, phone calls lasting over 10 minutes. I do not bill insurance companies directly, but can give you a statement of services for you to submit to your insurance company. Fees may be raised at the therapist's discretion, but will not be raised without appropriate notice to clients.

**Cancellation and email policies:** **The usual per session rate is charged for missed appointments or for cancellations made with less than 24-hour notice.** Your time has been reserved for you and since this is the basis of my livelihood, only with sufficient notice can I make that time available to someone else. If you do need to cancel an appointment, **please call me rather than email** – I receive your call much faster than I do your email message. To be in complete accordance with HIPAA regulations and to provide a greater level of security for your confidentiality since email is not a secure medium, I use my email solely for scheduling and clarifying appointment times (or other administrative business). Should you need to talk with me about clinical issues related to therapy, please call me and I will be happy to speak with you.

**Phone Numbers:** The number to reach me is **(240) 603-6201**. I will return calls in a timely manner, between 9 a.m. and 5 p.m. Monday-Friday. I will return weekend calls on Monday, unless Monday is a holiday.

**Emergencies:** My aim is to be available to you should an emotional emergency arise. Therapeutic calls are billed pro-rated at the regular fee.

If you are in need of immediate attention, please also call the 24-hour hot line at **(240) 777-4000** at **the Montgomery County Crisis Center** or your nearest hospital emergency room.

**Termination and Document Retention:** When it is time to stop therapy, it is important that there be time given before terminating to bring closure to the therapeutic relationship by talking about what has and has not taken place during the time together and to say “good-bye.” Documents related to cases are kept for seven years or, if the client is a minor, until a minor child is seven years past the age of 18, as required by law. At that time, all records are destroyed by shredding to protect your confidentiality.

*Referrals are always appreciated.*

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**I understand that Laurel A. Fay, M.S., Licensed Clinical Marriage and Family Therapist, will provide professional services to**

**Client name(s):** \_\_\_\_\_

\_\_\_\_\_

**My signature below affirms my informed and voluntary consent to enter therapy (and/or have my child/ren enter therapy). I affirm that prior to becoming a client of Laurel A. Fay, M.S., LCMFT, she gave me sufficient information to understand the nature of therapy, including the possible risks and benefits, and also the nature of confidentiality. I understand her office policies and procedures and cancellation policy. I have had an opportunity to ask questions and have had my questions answered satisfactorily. I understand that I can ask questions and raise concerns about the treatment at any time.**

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Name Signature Date

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Name Signature Date

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Name Signature Date

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Name Signature Date