**Susanne Stolcke, M.A., LMFT 2041 Bancroft Way, Suite 310, Berkeley, CA 94704**

**Licensed Marriage and Family Therapist**

**MFC# 45227**

🕿 **(510) 375 4575**

**Client Informed Consent**

**Confidentiality**

Any and all information shared between you and Susanne Stolcke, M.A., LMFT is confidential and will only be shared under the following conditions:

1. If you sign a release of information for exchange of information with a third party.
2. Therapists are required by law to report to the appropriate agency if there is suspicion of child or elder abuse.
3. Therapists are required to intervene appropriately with threats of serious harm to yourself or others. This could require reporting to police or appropriate agency.
4. A court of law subpoenas information for a legal proceeding.

**Cancellation Policy**

For therapy to be effective, it is important to attend your appointments as scheduled.

If you are unable to keep an appointment, please notify me.

**If I do not receive 48 hours notice of your cancellation, I will need to charge the full fee** ($130,- for private pay clients, $100,- for Aetna and HealthNet/MHN subscribers, $80,- Anthem Blue Cross, $70,- for Cigna subscribers and $90 for SHIP subscribers) **for the time reserved for you.**

**Payment**

Payment or co-payment is due at the beginning of each session - unless other arrangements are made.

**My signature indicates that I have read this statement and consent to treatment.**

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Susanne Stolcke, M.A., LMFT)