Marcie Scranton, MA, MFT
License: LFMT 53951
marciescranton@gmail.com
www.marciescranton.com
424-652-8520

Couples Informed Consent

Practice Policies:

Fees:
The fee for a 50-minute session (therapy hour) is $150.00, which is payable at the beginning of each session unless we make other arrangements.* Longer sessions are charged on a pro rata basis. Sliding scale fees may be re-evaluated should your circumstances change. Scheduled increases may also occur with advance notice. I do not charge for brief phone calls between sessions. Telephone and electronic sessions are billed at the usual fee.

Cancellations:
We will set aside a specific day and time for your sessions. If you must cancel for any reason, it is necessary to do so at least 24 hours in advance to avoid a charge for the session. Should I miss a scheduled session with you, I will provide a session at no charge if you have arrived at my office and I am not able to see you at that time. (I expect to be able to contact you in the unlikely event that an emergency prevents me from keeping our appointment.)

Insurance:
I accept MHN and Cigna insurance. If you wish to bill another insurance company, I will provide an out-of-network monthly statement for you to submit to your insurer. However, I cannot guarantee that you will receive reimbursement. Responsibility for payment ultimately resides with you as per our agreement, as are any fees not reimbursed by your insurer or other third-party payer.* Please be sure to check your benefits before you start treatment. Please be aware that insurance reimbursement may affect confidentiality (see #5 on the following page). If you plan to use benefits of your health insurance policy, please let me know in advance.

Emergencies:
My phones are equipped with confidential voice mail. I will make every effort to return calls as soon as possible. In the event that you are feeling unsafe or require immediate medical or psychiatric assistance, please call 911, or go to the nearest emergency room.

*In the case of a fee modification, we agree that your fee/copay will be _____.

What to Expect:

Risks and Benefits:
Psychotherapy is a process in which we discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that you can experience life more fully. Progress and success may vary depending upon the particular problems or issues being addressed, as well as other factors. Participating in therapy can result in a number of benefits, including decreased stress and anxiety, negative thoughts, self-sabotaging behaviors, and dependence on medication and addictive substances, as well as improved relationships, greater comfort in social, work, and family settings, better capacity for intimacy, and improved self-confidence. Such benefits may entail your active participation in the therapeutic process, honesty, and a willingness to change. Of course, there is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. There may be times in which I challenge your perceptions and assumptions, and offer different perspectives. The process may evoke strong feelings of sadness, anger, fear, etc. and may result in unintended outcomes, including changes in personal relationships. Naturally, any decision on the status of your personal relationships lies with you.
During the therapeutic process, some patients find that they feel worse before they feel better. This is often normal. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Please address with me *any* concerns you have regarding your progress.

Psychotherapist-Patient Privilege:
Your information is subject to psychotherapist-patient privilege. Typically, the patient is the holder of privilege. If I receive a subpoena for records or testimony, I will assert privilege on your behalf until instructed otherwise in writing by you or your representative. To protect your confidentiality, I will not voluntarily participate in litigation or custody dispute in which you are a party. Should I be compelled to appear as a witness in an action in which you are involved, you agree to reimburse me for time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual hourly rate.

My Background:
I have been practicing since 2010, working with individuals in stages of life transition, recovery, crisis, grief, stress, family issues, anxiety, and depression, as well as with couples in premarital counseling and relationship conflict, and with children experiencing emotional difficulties. Additionally, I am certified in Strategic Parenting and Trauma-Based CBT. My theoretical orientation is based on Humanistic/Existential, Cognitive-Behavioral, Psychoanalytic, and Solution-Focused models.

Limits Of Confidentiality:

Communication between therapist and patient is both privileged and confidential. This means I generally cannot discuss your case with anyone without your authorization. However, a therapist has an ethical and/or legal obligation to break confidentiality under the following circumstances:

1. If you intend to harm another person, I am legally bound to warn the authorities and/or the person, or the family of the person, of your report of intent to harm.
2. If you disclose that you, or someone you know, was in the past or is currently involved in child abuse, elder abuse, or abuse of a disabled or dependent person, I am legally required to make a report to the appropriate agency.
3. If you pose a life-threatening danger to yourself, it is my duty to warn the authorities and/or your family members.
4. If you become involved in legal proceedings that concern your medical or mental health, you may be waiving some of your rights to confidentiality, and your records may be subpoenaed. Questions regarding the limits of confidentiality under those circumstances should be discussed with your attorney.
5. If you seek insurance reimbursement, you may be waiving your right to confidentiality. If your sessions are covered by insurance, your insurer will require, at a minimum, a diagnosis and dates of treatment.

Professional consultation is an important component of a beneficial psychotherapy practice. As such, I may occasionally participate in consultation with appropriate professionals. At no time will I reveal any identifying information about you.

A note about electronic communication: I make every effort to ensure confidentiality, regardless of the medium. However, please be aware that data breaches can occur over email and Skype, and that technological malfunctions can sometimes interfere with the flow of communication.

Patient Rights And Responsibilities:

In addition to your right to confidentiality, you have the right to end your therapy at any time, for any reason you deem appropriate, without any obligation except for fees already incurred. You also have the right to question any aspect of your treatment and to expect that, should I not meet your needs, I will refer you appropriately. I may also elect to end our relationship if there is a conflict of interest, if your needs are outside of my scope of competence or practice, or for nonpayment of fees. In most cases I will recommend that we have at least one or more termination sessions to facilitate a positive closure experience and give us an opportunity to reflect on the work that has been done.
You may also expect that I will maintain professional and ethical boundaries with you by not entering into any personal, financial or professional relationship that could compromise our therapeutic relationship.

Confidentiality Addendum: For Couples and Families

If you are seeing me for couples or family therapy please be aware that you (the individual) are not the patient. Rather, the couple or family is the patient, and chart notes are kept accordingly. Any decisions to release records necessitate that both members of the couple, or all adult family members, sign a written release.

For couples, in order to build trust and to highlight the nature of our work, I commit to a *"no secrets"* policy. Our work will begin when both members of the couple are present. Any information conveyed to me – in person, by telephone or in writing – is considered to be open for discussion during a couples session. Do not communicate with me about any matter you would not be prepared to discuss in session. I will assist you in discussing any difficult issue with your partner.

I/we have read and understand the foregoing, agree with its terms, and consent to treatment with Marcie Scranton, LMFT.

Name/s (Print):

_____ /_____

Signature _____ *Date* _____

Signature _____ *Date* _____

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Each person completes separately:

Patient Information:

Name_____ Date of Birth_____

Address_____ City_____ ZIP_____

Referred by_____

Home #_____ Cell #_____ Work #_____
(Please circle your preferred contact number.)

Are there any restrictions on leaving messages? _____

Marital Status_____ Name of Spouse or Partner_____

Children and ages _____

Occupation _____ Employer_____

Emergency Contact (name, address and phone number) _____

_____

Previous Psychotherapy (with whom and when) _____

_____

Psychiatric Hospitalizations (date and reason for admission) _____

_____

Have you ever made a suicide attempt? If so, please indicate date and method used:

Are you currently having suicidal thoughts? Yes_____ No_____

Please list any medications (past and present) and purpose of each: _____

_____

Why are you seeking therapy at this time? _____

_____

Any problems in your work life? _____

Any problems in your relational life? _____

If therapy is helpful, how will your life change? _____

_____

Are you currently under a doctor's care? _____

Please indicate if any of the following currently apply:

Depression ☐
Anxiety ☐
Panic Attacks ☐
Disordered Eating ☐
Explosive Anger ☐
Sexual Problems ☐
Drinking Problem ☐
Drug Problem ☐
Memory Problems ☐
Difficulty Concentrating ☐
Sleep Problems ☐

Headaches ☐
Digestive Problem ☐
Fatigue ☐
Dizziness ☐
Allergies ☐
Injuries/Accidents ☐
Cancer ☐
Heart Condition ☐
Thyroid Problems ☐
Fibromyalgia ☐
Arthritis ☐

Other: _____

_____

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Panic Attacks ☐
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Explosive Anger ☐
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Drinking Problem ☐
Drug Problem ☐
Memory Problems ☐
Difficulty Concentrating ☐
Sleep Problems ☐

Headaches ☐
Digestive Problem ☐
Fatigue ☐
Dizziness ☐
Allergies ☐
Injuries/Accidents ☐
Cancer ☐
Heart Condition ☐
Thyroid Problems ☐
Fibromyalgia ☐
Arthritis ☐

Other: _____

_____