



SUSANNE MOTLEY MFT

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Professional Disclosure and Informed Consent Provided By Susanne Motley MFT

Therapy should be a rewarding experience. It is an opportunity to learn about your self. But therapy can also be painful: especially at first when things may seem to get worse before they get better. Although you may want immediate relief, remember that it took time for your problems to develop, and it may also take time for you to begin to feel better.

Psychotherapy involves change, which may feel threatening, not only to you, but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel very vulnerable. At the same time, therapy can aid you in discovering tools and techniques, which can be utilized to improve the quality of your life and relationships. As the person involved in this process, you have the right to ask your therapist questions about his/her professional experience, background and theoretical orientation. As the therapist I am offering the following information regarding your therapeutic relationship with me in response to frequently asked questions.

THERAPIST.

You are agreeing to enter into a treatment relationship with Susanne Motley a licensed Marriage and Family Therapist. I hold a Master's Degree in Counseling Psychology from the University of San Francisco, and have had fifteen years experience working with individuals, couples, families and children. I have also worked with very young children and their families for the last ten years. I am also trained in EMDR and art therapy.

My orientation is based on a Family Systems/Communication model. This orientation investigates motivational, emotional and generational processes. It also includes a review of personal life patterns that may or may not be working in a positive way for you and your family. Put simply, this means that our work together may include the exploration of family of origin dynamics, personal awareness of, and insight into, interpersonal and intra psychic conflicts and the development of problematic patterns.

TIME.

Sessions are usually 50 minutes in length. While this is the usual pattern other arrangements may be made, if necessary, and agreed upon in advance.

FEES, Fees are \$130 a session and payable at the time services are provided, no matter whether individual, couple or family. If depositions, letters, arbitrations or court appearances are requested, a fee of \$250 an hour is charged for time spent on these activities with a \$500 deposit before embarking on any of these activities. Returned checks will be subject to a \$25 service charge

(If, after signing this agreement, your account is submitted to collection, you will be liable and agree to pay all collection costs including reasonable attorney and legal fees in addition to the account balance.)

MISSED OR CANCELED APPOINTMENTS.

Missed or canceled appointments will incur the usual charge of \$130 unless a 24-hour (one full day) notice is given. You may leave a message on my answering machine 24 hours a day, 7 days a week. I check my messages

daily. I will make every attempt to return your call the same day. Aside from scheduling and re scheduling appointments the fee for **telephone contact is \$35 every 15 minutes.**

VACATIONS AND TIME AWAY FROM THE OFFICE. It is my practice to take vacations, workshops, conferences and other obligations may account for other days away from my office. However, I will be sure to give you ample notice.

EMERGENCIES. Because of scheduled time away from my office, I may not be available to respond to urgent emergencies. If you have an emergency and I am not available, please call 911 or the Mental Health 24 hour emergency hotline in your county. El Dorado county (530) 622-3345, Placer county (530) 886-5401, Sacramento county (916) 875-1000

SECRETS POLICY. Sometimes when treating couples or families, an individual will disclose a secret to me and ask that the other/s not be told. While I will honor that request, I will make every effort to encourage that individual to reveal – if timely and appropriate – the secret as quickly as possible and will assist him/her in doing so. As a therapist, the holding of secrets from other members of the therapeutic relationship is usually not in the best interests of the therapeutic process and may be destructive to all the relationships involved. Of course, there can be exceptions, so please bring these matters to my attention as soon as possible so that we can work through them together for the best and most positive results.

CONFIDENTIALITY. One of your most important rights as a client involves confidentiality. Within certain limits, as explained below, information revealed by you during therapy will be kept strictly confidential and will not be revealed to other persons or agencies outside of this office without your permission. Only upon request and/or your written permission may any part of your files be released to any person or agency you designate. You should know that there are certain situations in which, as a therapist, I am required **by law** to reveal information obtained during therapy to other persons or agencies. These situations are as follows:

- 1) If you reveal and/or I have sufficient reason to suspect that a child or elder has been neglected, abused, or sexually molested, I must report this information to the appropriate protective services agency.
- 2) If you are in therapy by order of a court of law, the results of the treatment ordered may be revealed to the court or acting agency.
- 3) California courts have held that if an individual intends to take harmful or dangerous action against another person or property, I am required by law to inform the intended victim/s and appropriate law enforcement agencies.
- 4) If a court of law issues a legitimate subpoena, I am required to provide the information requested by the court

NOTE: In any situation in which a client expresses, or the therapist has reasons to suspect, suicidal ideation, the therapist has an ethical responsibility to intervene for the safety of the client. This could include informing family, significant others, police or psychiatric evaluation team.

For business purposes, names, dates and payment information may be provided to my billing service, which is also bound by HIPAA confidentiality rules.

My/our signature/s below constitutes consent to enter into treatment with Susanne Motley for therapy. I have read, understand and agree to the information provided with this agreement.

Client/patient/guardian's signature/s

Date