

# INFORMED CONSENT FORM

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**Fees:** We have agreed to a fee of \$\_\_\_\_\_ per session, to be paid by cash or check at the beginning of each session, unless other arrangements are made. We may discuss the fee periodically to assess its appropriateness. Also, I may periodically raise my rates.

**Cancellations:** You will be charged for cancelled or missed appointments unless you cancel your session 24 hours in advance. An emergency such as an accident, serious illness or death in the family, etc., will constitute an exception to this policy. If you are an insurance client, please note that the charge for a missed appointment with less than 24 hours notice will be your co-payment and the balance of the fee usually paid by your insurance company. Insurance companies do not allow me to bill for missed sessions.

**Phone Sessions and Email:** You are welcome to call me outside of sessions if needed. If the phone session requires more than ten minutes time, you may be charged a fee. You can also email me short emails as a check in, but please do not do therapeutic process work through email. If emails are extensive and require more than 10 minutes of my time, you may be charged a fee, and I will ask that you process in sessions.

**Confidentiality:** All information shared during therapy sessions remains strictly confidential, with the following exceptions:

- I am mandated by law to report actual or suspected physical, sexual or emotional child abuse or physical abuse of an elder or dependent adult.
- I am mandated by law to report communications of a serious threat of physical harm to yourself or any other identifiable victim or victims. I may contact others to provide for your or other's safety.
- When working with couples or families, I reserve the right to disclose confidential information given to me by a client individually if I feel it is in the best interest of the relationship or family.
- I regularly consult with other therapists who are also bound by the same rules of confidentiality.

**Parents of Minors:** By signing this form you are acknowledging that you consent to a confidential relationship between your minor child and myself. You will therefore not have access to my records regarding this minor child. I will only break confidentiality for the reasons stated above, unless I determine, at my discretion, that information needs to be conveyed to the parent

**Alternative Therapeutic Methods Practiced:** In addition to being a Marriage, Family Therapist, I am a certified Somatic Experiencing (SE) Practitioner. SE is a body-oriented trauma resolution method that can include physical touch. The purpose of the touch is to support the nervous system in letting go of traumatic stress, which will then assist in releasing symptoms such as depression, anxiety, addictions and relationship issues. The touch is by permission only.

In addition, if requested and appropriate, I do various forms of energy healing that work with clearing trauma and emotional/psychological patterns through the bioenergy system. Many of our traumas and emotional blockages are stored in the energy centers and meridian systems. Working on an energy level can be an effective and gentle way to work with these issues. These practices may involve minimal amounts of physical contact.

**Litigation and Contact with Third Parties:** I do not get involved with clients' litigation or other dealings with third parties. This means that I do not interact with my client's attorneys. In the event of any legal proceedings, you agree that neither you, nor your attorney, nor anyone else acting on your behalf will call me to testify in court or any other proceedings; nor will a disclosure of my psychotherapy records be requested.

**Release of Information for Insurance Purposes:** By signing your name on an insurance claim form (a) you authorize the release of any medical or other information necessary to process insurance claims, and (b) you request payment and/or assignment of your mental health insurance benefits to me for the services I provide you.

**Emergency Contact:** You may leave a message at any hour of the day on my number (510) 287-8922 or email me at [lmlumiere@gmail.com](mailto:lmlumiere@gmail.com). If it is an emergency and you need to reach me right away, you can also call or text my cell at 510-872-1102. If I am unable to respond quickly enough, please call the Crisis Support Services at (510) 849-3212. I generally can be reached more quickly through email or text.

**Agreement:** If you have any questions regarding this agreement, I will be happy to discuss them with you. By signing your name, you acknowledge that (a) I have explained these policies to you, and (b) I have answered any questions you have asked, and (c) you understand and agree to these policies.

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Print Name

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Signature

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Date