

**Donna L. Fone, LMFT, LPCC**  
Licensed Marriage and Family Therapist #48079  
Licensed Professional Clinical Counselor #337  
945 Morning Star Drive, Suite N, Sonora, CA 95370  
(209) 883-6344 vm • (209) 396-3724 fax • www.donnafone.com

## THERAPY INFORMATION AND CONSENT FORM

### The Process of Therapy

Being in life changing psychotherapy can be beneficial to you in many ways, including resolving the specific issues that brought you to therapy, improving feelings about yourself, and improving relationships in your life. Making these types of changes can be challenging and participating in therapy requires substantial effort on your part. At times during this process feelings may arise that may cause you discomfort. Furthermore, resolving issues between family members may also feel uncomfortable or disorienting at times, and changes that occur may be different than those you originally expected.

I am a Marriage & Family Therapist and Professional Clinical Counselor licensed in the State of California. I am trained in somatic (body-centered) psychotherapy and may incorporate the somatic modalities of Hakomi, EMDR, and Sensorimotor Psychotherapy into the process of therapy. At times, I may ask you what you are sensing in your body to bring your internal experience into your awareness. With your permission, touch may be incorporated as part of the therapy process to explore things such as held tension or impulses to movement. Working through the lens of the body can facilitate awareness that may lead to healing. If you feel uncomfortable at any time, please let me know so that we can stop or make adjustments as needed. Therapy is a collaborative process between us both.

### Confidentiality

All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be revealed to anyone without your permission, except where disclosure is permitted or required by law under the following conditions:

- Where there is reasonable suspicion of child, dependent or elder abuse or neglect
- Where the client presents a danger to self or others, to property, or is gravely disabled
- Where there is a threat of physical injury due to violence
- Where there is a request by insurance companies to authorize treatment
- Where there is a court order to reveal information obtained in the course of therapy
- At the request of the client, information can be released with a signed, written consent
- If the client is a child, information from therapy sessions may be shared with their parent or guardian at the discretion of the therapist

For couple's therapy or family therapy I maintain a "no-secrets" policy, which means that any information shared with me by a member of the couple or family may be shared with the other members.

### Fees/Payment

Fees are set prior to the first session. Payment is due at the beginning of each session unless we make other arrangements.

### Cancellation and No-Shows

Since scheduling an appointment involves the reservation of time specifically for you, a minimum of 48-hour notice is required for canceling or changing an appointment. **You are responsible for payment for sessions canceled with less than 48-hour notice or for no-shows (no notification at all).**

Sessions

An hour-long therapy session is typically 50 minutes in length. The remaining part of the hour is set aside for note writing and record keeping relevant to the session.

Contact and Emergency Procedures

To contact me between sessions, please leave a message on my confidential voicemail at (209) 883-6344 or e-mail me at donna@donnafone.com. For confidentiality, I request that you limit e-mail content to appointment scheduling or business-related matters only. I will try and return your call or e-mail the same day if possible or on the next business day. **If you experience an emergency or an urgent situation, please leave me a message AND call Tuolumne County’s 24-hour Crises Line at (209) 533-7000 OR call 911 OR go to the nearest hospital emergency department.**

Trainings and Vacations

I regularly take time off from my psychotherapy practice for continuing education and training as well as for personal vacation. In these instances, I will give you adequate advance notice.

General Office Policies

For everyone’s health and comfort, I operate a fragrance-free, smoke-free environment. Please do not wear fragrances or smoke prior to coming to therapy.

If you request it, I will consult with a psychiatrist in order to provide information that may assist in the prescription of medications. In this case, you must sign a written consent, which allows me to break confidentiality. I am not qualified or able to prescribe medications.

Agreement

By signing your name, you acknowledge that: a) I have explained these policies to you; b) I have answered any questions that you asked; c) and you understand and agree to these policies.

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Client or Parent/Guardian (print)

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Client or Parent/Guardian (signature)

\_\_\_\_\_  
Second Client or Child (print)

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Second Client (signature)

\_\_\_\_\_  
Donna L. Fone, LMFT, LPCC

\_\_\_\_\_  
Date