

Lara L Anders, MFT
Marriage & Family Therapist
www.adaptmedford.com
www.LaraAnders.com
(541) 292-9452 or (541) 773-2999

Lara Anders has a **Masters degree in Marriage & Family Therapy** and is currently working towards licensure under Audrey Lehmann, PhD.

Confidentiality:

All information discussed during your therapy session is **strictly confidential**. Some exceptions apply:

- Your therapist may discuss your group and individual counseling meetings with other therapists in order to evaluate and improve the quality of counseling. Your full name and any other identifying information will be omitted from these discussions.
- The progress of your sessions will be entered into confidential files.
- If the therapist learns that there exists serious threat to any person.
- If there is evidence of, or reasonable suspicion of, child or elder abuse or neglect.
- If there is a court order for the therapist to appear or produce client records.
- If you would like therapist to coordinate your treatment plan or progress with another individual i.e. psychiatrist, school teacher, or bishop after you sign a release of information form.

Cancellations:

For therapy to be most effective, it is important for you to attend your appointments weekly. If you are unable to keep an appointment, please notify your counselor as soon as possible. *If 24-hour notice is not given you will be charged in full for the time reserved for you.* The telephone voice mail is available for you to leave your message.

Fees:

My fee is \$75 per 50 minute session. Discounts are sometimes available for individuals suffering from financial hardship. Fees increase \$5.00 per calendar year, beginning January 1st of each year.

Clients are expected to pay each week for their sessions. Payment may be made by check, credit/debit card, HSA payments or in cash. *There is a \$20 fee for returned cheques.*

I do not accept insurance and am unable to bill your insurance company at this point in time.

You as a client have the right and the responsibility to participate in deciding the appropriateness of any particular way of working with you, in order that you may further your own goals of growth and well-being.

I understand that my therapist will discuss my counseling meetings with supervisors and/or colleagues and enter progress notes into confidential files.

Client's signature _____

Client's name (please print) _____

Date _____

Signature of legal guardian if client is a **Minor** _____

Date of Birth _____

Address _____

Email _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____