

**Stuart Lord, MA, LMFT (MFC 15429)**

**P.O. Box 6439**

**Albany, CA 94706**

**Telephone: (510) 543-8854**

**E-mail: [stuart@stuartlordmft.com](mailto:stuart@stuartlordmft.com)**

## **Contract for Family Therapy Services**

### **Welcome**

The following information is provided to help you make an informed decision about participating in Family Therapy, as well as to answer any questions you may have about office policies and treatment. Please feel free to discuss any questions or concerns you may have after reviewing the enclosed information.

### **Licensure**

I am licensed by the State of California as a Marriage Family Therapist. I have been licensed by the state of California since 1980. I have a Masters degree in Psychology.

### **Confidentiality**

All clients are assured of confidentiality. Only a release of information, signed by you, authorizes me to discuss any information with others. There are, however, important exceptions when I am required by law or ethics to reveal information about you without your permission.

1. I am required by law to notify the intended victim and the appropriate law enforcement agencies if I judge that a client has an intention to cause serious bodily harm or death to another individual.
2. I am required by law to report to the appropriate authority any suspected child abuse, neglect, or molestation to protect the child or children involved, which would include downloading, streaming, or otherwise accessing images of any person under the age of 18 engaged in an act of obscene sexual conduct.
3. I am obliged by law to report to the appropriate authority any suspected abuse, neglect, or molestation of an elderly person or dependent adult to protect the elder or dependent involved.
4. If I assess a client to be suicidal, I am required by law to notify the individuals or agencies necessary to prevent self-harm, including, if necessary, initiating involuntary hospitalization.
5. In cases of alleged criminal or civil liability, I may be court ordered to release treatment information and/or records.

6. I may decide, if clinically appropriate, to discuss some aspects of your therapy with one or more qualified professionals in order to further your treatment goals. If I seek such consultation, I will not reveal your name or any information that would enable my consultant to identify you.
7. Because Family Therapy encourages trust between and among the family members and requires trust between each family member and the therapist, no family member should provide me with information that I cannot share with the other family members; and I reserve the right to share any such information with the other family members, except when I believe the safety of any family member would be placed at risk by such disclosure.
8. If I have been appointed by the court under California Evidence Code 730, the court may require specific information to be divulged (for example, dates of meetings, each family member's participation and cooperation, and the progress toward specified treatment goals). In such case, I must comply with the court's orders but, in doing so, will do my best to protect as much of the information that has been provided by the family members to me as possible and as permitted the court and by law.
9. I am permitted to release your name if necessary for collections processing. No treatment-related information, however, would accompany such disclosure.

### **Client's Rights**

1. You have the right to decide to end our work at any time (unless I have been appointed under California Evidence Code 730, when the court's approval may be necessary). If you request, I will provide you with the names of other qualified Family Therapists.
2. You have the right to learn about alternative methods of treatment. If you request, I will discuss these with you during our work together.
3. You have the right to refuse the use of any therapeutic technique. I will inform you if I intend to use any unusual procedures and explain any risks involved.
4. You have the right to ask any questions about the procedures I employ. If you would like, I will explain any unusual methods of psychotherapy practice to you.

### **Emergencies**

You may leave me a message at (510) 543-8854, and I will return your call as soon as I can. I will not discuss case-related issues with one family member unilaterally unless we have explicitly agreed otherwise in advance. I am willing to discuss logistical matters briefly with one family member, however, such as appointment times or rescheduling appointments, as long as the other family members are aware of the matter. In the event of a life threatening emergency, you should call 911, 800-479-3339, 800-784-2433, or go to an emergency room.

**Psychotherapeutic Relationship**

Family Therapy with a Marriage and Family Therapist or any other professional psychotherapist has only one purpose: each client's and the family's emotional, psychological, and personal well-being. Because clients often disclose to their therapists many deeply felt personal thoughts and experiences, the relationship can become very close and important. Sometimes, clients come to want the relationship to become more than a therapeutic relationship. Although these feelings are understandable, it is necessary for you to understand that I cannot at any time, during or after your treatment, be anything other than your therapist. We may not, now or after your treatment, be social friends or engage in any business endeavor. Although talking about sexual thoughts or feelings may be a part of therapy for many people, actual sexual relations between a client and a family therapist are not permitted. These boundaries are important for effective, ethical family therapy.

**Family Therapy**

Family Therapy is a joint effort, the results of which cannot be guaranteed. Progress depends upon multiple factors including motivation, effort devoted, and other life circumstances. Helping you to reach your goals is the purpose of our work together. You can do your part by communicating your thoughts and feelings openly and honestly, even though this may be difficult at times. It is possible you may feel worse before you feel better. It is also possible that, at times, you will feel anxious, depressed, frustrated, angry, or hopeless during or after a session. These feelings are a normal part of the therapy process and, unless they represent a deeper problem, often are temporary. We can work together to get through the difficult times. If you are ever concerned that our work together is not helping, please let me know so that we can discuss your concerns.

By signing below, I acknowledge that I have read this form and have had any questions I had answered to my satisfaction. I agree to work in Family Therapy with Stuart Lord, MA, LMFT (MFC 15429).

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Print Name

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Signature

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Date

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Print Name

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Signature

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Date

Stuart Lord, MA, LMFT

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Date