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## *Informed Consent Form*

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### **FEES FOR SERVICES**

Your payment is due at the beginning of each treatment session unless otherwise arranged. Please have your check made out to Gesell Psychotherapy, LLC before the session begins. We also accept cash and credit cards; please fill out the credit card payment consent form if you like to use a credit card as your payment method.

### **INSURANCE REIMBURSEMENT**

Our services are often covered by mental health insurance policies but we do not personally submit the paperwork to the company. We will provide you with a bill at the end of each month, which you can submit to your respective provider. The insurance companies then may issue a reimbursement check to the policyholder. It is up to the insurance company as to whether they pay for services provided by a licensed Marriage and Family Therapist. Patients are responsible for payment at the time of treatment. It is your responsibility to know the type of coverage you carry and the limits of your coverage.

### **CONFIDENTIALITY**

All information disclosed within your therapy sessions, including case notes and records, will be treated as confidential. There will be no information revealed to anyone not present in therapy without the client's permission or permission from a legally authorized representative.

### **EXCEPTIONS TO CONFIDENTIALITY**

By law there are some exceptions to confidentiality. Our therapists are mandated to report any suspected child, elder or dependent adult abuse and any situation where the patient threatens violence to an identifiable victim. All actual or suspected acts of such abuse will need to be reported to the appropriate agency. In addition, if you present a danger to others or yourself, we are permitted to break confidentiality in order to protect you or a victim.

### **WORKING WITH INTERNS**

All interns at Gesell Psychotherapy, LLC are supervised by Brenda Gesell, Ph.D., M.F.T., License No. 43151 and regularly discuss your case in supervision with Dr. Gesell.

### **PSYCHOTHERAPY PROCESS**

Your commitment and investment in therapy will be the greatest determinant of how much you will benefit from this type of treatment. The maximum benefits of therapy occur when sessions are attended regularly and you are honest during those sessions. The goal of therapy is that your symptoms will begin to abate and you will start to feel better. However, as we begin to address your issues and explore their origins together you may find that you feel worse before you feel better. Therapy may sometimes involve remembering unpleasant events or dealing directly with difficult situations and may arouse intense or unexpected emotions. This actually may be a sign that the therapy is working and we are making progress. I encourage you to ask questions about therapy, interventions and progress.

### **TREATMENT OF MINORS**

When a patient who is a minor is in individual therapy, the parent or guardian has the right to ask for information about the minor's therapy, and the therapist, acting in the best interest of the minor patient, has the right to limit the amount of information disclosed. If the minor patient is a participant in any legal proceedings raising the protection of all patient/therapist communications as "privilege," then no disclosure will be made of any of the content of the therapy except by written waiver of privilege, given in writing by the parent, guardian or other lawful representative acting on behalf of the minor patient.

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### CANCELLATION POLICY

In order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Appointments cancelled with less than 24 hour notice will be charged a cancellation fee at the price of the therapy hour unless rescheduled for another time the same week. Rescheduling appointments is preferred over cancellation due to the need to maintain momentum.

### TERMINATION POLICY

Your therapeutic relationship with a therapist continues as long as he or she is providing professional services and until you inform him or her that you wish to terminate therapy. It is customary that the patient agrees to meet with the therapist at least once before stopping therapy. You have the right to end therapy at any time. We encourage you to discuss your desire to terminate therapy at least two weeks in advance to allow time for closure. As part of our therapy, we will discuss your progress and will help you decide upon the best time to end therapy.

### CONTACTING THE THERAPIST

Between therapy appointments, you can leave a message or contact a therapist by phone.

Our therapists often correspond with clients by cellular phone texting and e-mail. E-mails and texting are confidential, however these technologies are not guaranteed of privacy. Please indicate below with a circle and your initials whether you authorize contact by mobile phone and e-mail.

YES / NO      INITIAL \_\_\_\_\_

### AGREEMENT

I have read the above agreement and understand that I am responsible for payment of all professional services provided and I agree to pay at the **beginning** of each session. I may pay by check, credit card or cash. I will be provided with a monthly statement of services if I request it. I may submit the charges to my insurance company for reimbursement.

I agree to pay for missed sessions when I am unable to give 24 hours advance notice and reschedule within the same week. My signature below represents my Informed Consent for treatment and acknowledges my responsibility for payment of professional services provided.

### SIGNATURES:

ADULT CLIENT \_\_\_\_\_ DATE \_\_\_\_\_

PARTNER \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

*(for minor)*

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

*(for minor)*