

CONSENT FOR THERAPY

I. About Therapy

Although therapy involves an intimate human relationship, it must also be properly structured to be therapeutic. I have discovered that by defining the professional aspects of the therapy relationship I can help you optimize your experience here. The following guidelines have been prepared to do this.

The process of therapy has the potential for providing a number of benefits. One of these potential benefits is a better ability to understand and cope with family, marital, and other interpersonal relationships. Other possible benefits include a greater understanding of personal values and goals, greater maturity, increased happiness as an individual, and an increased understanding of individual concerns. Any of these benefits can lead to a resolution of the specific concerns you bring to therapy.

In working to achieve these benefits and resolve your individual concerns, however, therapy will require serious efforts to make changes, and thus may involve a degree of discomfort. Therapeutically resolving difficult events and concerns may arouse such feelings as fear, anger, depression, frustration, and confusion, among others. Resolving relationship difficulties between family members, partners, and others may lead to similar discomforts, as well as relationship changes that may not have been originally intended.

Your relationship with your therapist is also an important part of the therapeutic process, and is very important to me. Your well-being is of my utmost concern. I encourage you to discuss with me any aspect of this relationship that is of concern to you.

II. Confidentiality

Confidentiality is one of your most important rights in therapy. Please review this section carefully.

The therapeutic relationship is private and personal. Information provided by you in therapy will be kept strictly confidential and will not be revealed to anyone without your written permission. At your request, and with written permission, I will discuss your therapy and/or provide written information to any person or agency you designate. I will also discuss with you at that time the advisability of releasing information and any possible harm I feel may result.

By law, there are several exceptions to confidentiality in therapy. The following situations require your therapist to release information about you without your permission.

1. If I have reason to believe that you or anyone is abusing or neglecting children or an elderly person, I am obligated by law to report this to the appropriate authority.
2. If you threaten to harm either yourself or someone else and I believe your threat to be serious, I am obligated by law to take whatever steps necessary to protect you or another from harm. This may include

disclosing confidential information and would only be done under circumstances where someone's life appears to be in danger of serious harm.

3. If you have been referred to this agency by the Court (i.e. "court ordered"), you can assume that the Court, or a Court designated agent (i.e. a social worker), wishes to receive some type of report or evaluation. You should discuss with me exactly what information may be included in a report to the Court before you disclose any confidential material.

4. If you are or should become involved in litigation of any kind and inform the Court of the services that you received here (making your mental health an issue before the Court), you may be waiving your right to keep your records confidential. You should consult your attorney regarding such matters before you disclose that you have received treatment.

III. Additional Client Rights

1. You have a right to ask questions about any procedures or philosophy of therapy. If you wish, I will explain my usual approach and methods at any time.

2. You have a right to decide not to receive therapeutic assistance from me at any time. If you wish, I will provide you with the names of other competent professionals whose services may be of benefit to you.

3. You have the right to end therapy at any time without any obligation other than those that have already accrued. (See my policy on fees and cancellation notices below).

IV. Fees and Services

My basic fee is \$120.00 per 50-minute session, and full payment is requested at the time of service. If you have insurance that provides mental health coverage, I will be happy to aid you in filling out the necessary forms so that you may be reimbursed.

Your appointment time has been set aside for you. If you are unable to keep an appointment, please notify me immediately. If an appointment is missed without notice or is canceled without **24** hours prior notice, you will be charged a \$50.00 cancellation fee for the session.

Messages can always be left for me at 818-243-5674, either through voicemail or by text. Please feel free to contact me should the need arise, particularly in an emergency. Remember, however, that there is a distinct difference between phone communication and phone sessions. Face-to-face sessions are highly preferable to sessions on the phone, so I recommend that if you need non-emergency counseling you set an appointment. If you need a non-emergency telephone session I will set a fee for that service.

I, the undersigned, having read and given due consideration to the above policies, agree to enter therapy with Mary Anne Gallagher, Ph.D. MFT license #MFC34415.

Name (print): _____

Signature: _____

Date: _____