

Couples/Family Information and Consent Form

Thank you for choosing me. I am pleased to serve you and offer my most sincere welcome. I am dedicated to helping you get what you want from your counseling experience. I believe that you have the resources needed for change and it is my job to help you find them.

Risks and Benefits

Psychotherapy can have both risks and benefits. The therapy process may include discussions of your personal challenges and difficulties, which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, therapy has been shown to have many benefits. It can often lead to better interpersonal relationships, improved work/academic performance, solutions to specific problems, and an increased capacity to manage intense feelings. But, there is no assurance of these benefits. Therapy requires your very active involvement in order to work towards growth. I will be committed to this process and work hard for you, and I will ask you to do the same.

Limits on Confidentiality

In keeping with ethical standards of the CA Board of Behavioral Sciences and CAMFT, State and Federal law, all services I provide are kept confidential, except as noted below. At times, I may consult as needed with supervisors or colleagues about the best way to provide the assistance that you might need. As required, I keep records of your therapy. Neither the fact that you seek therapy, nor any information disclosed in the therapy sessions will be disclosed except as requested by you and as noted in the exceptions below. I have a legal responsibility to disclose patient information without prior consent when a patient is likely to harm himself/herself or others, unless protective measures are taken, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files.

Treatment Unit

When I agree to treat a couple or a family, that couple or family is the treatment unit and considered to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit). During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

No Secrets Policy

This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

Counseling Fees

The fee for a 60 minute couples therapy hour session is \$130 and \$140 for family, payable by check, credit card or cash, ***due at the beginning of each session***. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Patient(s) will be notified of any fee adjustment in advance. As I do not accept insurance, I offer a limited number of sliding scale slots to clients based on need and availability. To request a reduced fee slot, please bring proof of household income to your first appointment (pay check stubs, tax statement, etc.) as I am required to document proof of income in order to offer a ***Reduced Rate Fee Schedule***. NSF checks will be assessed a \$30.00 fee.

Delinquent accounts are subject to referral to collection agencies and interest at a rate of 10% per annum will apply for balances over 60 days old. Therapist is not a contracted provider with any insurance company, managed care organization. Upon request, therapist will provide Representative with a statement or Superbill which Representative can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

Office Policies

It is usual and customary for the fee to be paid at the beginning of each counseling session. Other arrangements will have to be made in advance. Sessions start on the hour and are usually held once a week at first to ensure the greatest change possible. All requests for copies of your file or amendments are to be made in writing.

Therapist Availability

My office is equipped with a confidential voice mail system that allows messages to be left at any time. I will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. I am unable to provide 24-hour crisis service. If you need immediate support, please contact **Crisis Support Services of Alameda County 24-hour Crisis Line: (800) 309-2131** or your local crisis line. In the event of a life-threatening situation which requires immediate medical or psychiatric assistance, call **911**, or go to the nearest emergency room.

Cancellation of Appointments

If you must cancel your appointment, please phone me at least **48 hours in advance at (510) 761-5609**. This ensures that I can see people if I have an opening. You will be charged a \$75 missed cancellation fee for the time reserved when cancellations are received less than 48 hours in advance, except for emergencies.

Client Rights

You can contact the CA Board of Behavioral Sciences should you have a need to obtain a list of unprofessional conduct or file a complaint. The address is: Board of Behavioral Sciences at 1625 North Market Blvd., 2nd Floor, Suite S-200, Sacramento, CA 95834, (916) 574-7830 or email BBSWebmaster@dca.ca.gov

Education and Training

I have effectively helped individuals gain more choices and build more productive lives since 2000. Prior to my work in private practice I developed my professional skills in various community behavioral settings within San Francisco Department of Public Health and non-profit agencies. I have worked extensively with individuals, adolescents, couples and families. I am a Licensed Marriage & Family Therapist with the State of California (MFT#50459). I have a M.A., Counseling Psychology, Holy Names University, Oakland, California and a B.A., Psychology, University of California, Berkeley, Berkeley, California

Informed Consent

We, the members of the (**couples/family or other unit**) being seen, acknowledge by our individual signatures below, that each of us has read this policy. We understand it, that we have had an opportunity to discuss its contents with Loretta Gordon, MFT. We enter couples/family therapy in agreement with this policy. We agree to abide by the terms and conditions of this Agreement and consent to participate in therapy. Moreover, we agree to hold my therapist free and harmless from any claims, demands, or suits for

damages from any injury or complications whatsoever, save negligence, that may result from such treatment. We understand that we are financially responsible for the cost of our therapy and insurance reimbursement is our sole responsibility.

Client Signature _____

Date _____

Therapist Signature _____

Date _____

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