

**Diane R. Gehart, Ph.D.**  
**Licensed Marriage and Family Therapist**

**Consent to Treatment  
and  
Terms of Payment**

I have prepared the following description of myself and how I work to allow you to make an informed decision about participating in this process. Your participation is completely voluntary.

**My Qualifications**

I am a Licensed Marriage and Family Therapist and a Clinical Member and Approved Supervisor in the American Association for Marriage and Family Therapy. I received my Doctorate in Counseling with a specialization in Marriage and Family Therapy from St. Mary's University in San Antonio, Texas, which is one of only twenty nationally accredited doctoral programs in family therapy. This specialization means that I work with individuals, couples, and families to address a wide range of mental health and relationship issues and that I assess mental health issues not only at the individual level but also consider the broader relational and social levels that impact a person's emotional health and wellbeing. Having been trained in a number of therapeutic models, including collaborative, solution-focused, narrative, family systems, psychodynamic, experiential, existential, and cognitive-behavioral therapies, I maintain a collaborative, flexible approach to determine which approach is best for you and your situation. As a professor and academic, I closely monitor emerging research on which approaches work best in different circumstances, and I am trained in several evidence-based treatments, including emotionally focused couples therapy ([www.iceeft.com](http://www.iceeft.com)), mindfulness for wellness, and open dialogue for severe mental illness, and generally work from an evidence-informed approach. I draw from these theories and research to address each client's unique situation as effectively and efficiently as possible. I have published numerous professional books, articles, and research, and train therapists in the US, Canada, Mexico, and Europe.

**The Therapeutic Process**

Therapy is a learning process in which you come to better understand yourself and your relationships so that you may more successfully handle the situations that brought you here. As a therapist, I believe my role is to help you develop the ability to skillfully address life issues rather than simply give you advice and answers that have worked for me. Although I do not offer a "quick fix," the approaches I generally use are considered "brief" and through our work you will develop skills that you can continue to use to address similar issues in the future. If at anytime you feel uncomfortable with the process or are unclear about the process, please feel free to discuss your concerns with me—that's what I am here for.

The length of therapy varies depending on each person's situation. Many clients experience at least moderate gains in the first three sessions, but the exact length and frequency of therapy will vary. The majority clients need 12-18 sessions on an every other week basis to resolve their issues. Sometimes clients find that their initial concern is quickly resolved or less important when new issues are brought to light. This shift in focus is very common and is typically considered a form of progress. Most clients experience measurable benefit from coming to therapy, with the vast majority of clients reporting that they partially or entirely met their goals. A small minority does not experience benefits

or the situation may worsen, which is therefore a potential risk. Often, if painful situations have been avoided, things may become worse before they get better while these neglected issues are brought to light for the first time. Additionally, some research suggests that when therapy is provided to an individual in an unhappy relationship, this may make the situation worse. Similarly, certain child and adolescent problems seem to be best handled in family sessions.

### **Confidentiality**

All of our sessions will be confidential to persons outside of therapy. My professional code of ethics prevents me from discussing what was said during sessions with anyone outside the session without your written permission. *Exceptions to confidentiality exist in situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the "Notice of Privacy Practices" (copies available in the waiting room).* If we happened to see each other in public, I will not acknowledge you as a means to protect your privacy; however, you may acknowledge me. Additionally, therapists avoid whenever possible entering into any other form of relationship with clients outside of session to maximize client comfort and sense of safety. I maintain records of our meeting that contain your diagnosis, treatment plan, and weekly summary of treatment progress; these are kept in a locked file cabinet when not in use. These records are for my use in providing treatment, and may not be released without your signature unless there is a valid subpoena or equivalent.

### **"No Secrets" Policy with Couples**

When working with couples, I employ a "no secrets" policy, which means I do not keep secret information gathered in individual conversations (whether on the phone or in an individual session) if the information revealed in some way violates that integrity of the couples therapy, such as revealing an affair, substance problem, or intent to leave the relationship. Such information will need to be revealed to the other partner for therapy to effectively continue.

### **Crisis Contact Information**

As an outpatient, independent practitioner, I am unable to personally provide continuous 24-hour crisis services. For all life threatening emergencies, you should always call 911 immediately. For other crisis situations, you may call me on my cell phone (number is on my business card) and I will return your call as soon as possible, usually within 24 hours if I am in the country. If you need more immediate services or after hour services, you should use the list of emergency contact numbers on the backside of my business card, which includes contact information for the suicide hotline, general crisis hotline, local shelters, and other resources.

### **Termination and Referral**

You have the right to terminate services at any time. I am happy to discuss any concerns you have and will help you locate alternative services if desired. If for any reason, I feel that I am not able to help you make significant progress or that I do not have the expertise to best assist you, I will refer you to a person or program that can.

### **Collaboration with Other Professionals**

In order to provide quality services, I often need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. You will be asked to



# Privacy Policy Acknowledgement

**Must be signed by all adult participants in therapy**

I have read and understand the **Notice of Privacy Practices** (copies available in waiting area and online). I understand that I may request a copy of this policy for my records. I understand that I may ask my therapist about the policy if I have any questions now or in the future.



\_\_\_\_\_  
Client (or Parent) Signature                      Date

\_\_\_\_\_  
Signature    Date

# Consent to Treatment of Minors

*This section must be completed by the parent or legal guardian of each child who attends session. Some custody agreements require the signatures of both parents for treatment; please notify the therapist if this is your situation.*

## Confidentiality with Minors

The state of California provides significant confidentiality to minors seeking mental health treatment. In fact, minors over 12 years of age, have many privacy rights similar to those of adults. My role as a therapist to help minors learn to communicate openly and directly with their parents, and thus, I typically involve parents in the counseling process. That said, when children are making poor and dangerous decisions parents will be brought into the conversation as soon as possible, which in the case of many situations—such as self-harm or suicidal ideation—is immediately.

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Child 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Revised: January 2012