

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

Consent to Treatment and Terms of Payment

I have prepared the following description of 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 with 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 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. I am trained in several evidence-based treatments, including emotionally focused couples therapy (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, including the type of problem, severity, history, resources, and personal motivation. Many clients experience moderate gains in the first three sessions, with the majority needing 12-18 sessions to resolve or significantly improve their situations. Clients with more complex situations and/or severe/chronic issues often require more treatment. 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 often considered a form of progress. Most clients experience measurable benefit from coming to therapy, with the vast majority of clients (over 95%) 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 of seeking treatment. Often, if painful situations have been avoided prior to therapy, 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 one partner 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 and on my website dianegehart.com). If we happen to see each other in public, I will not acknowledge you as a means to protect your privacy; however, you may acknowledge me. Additionally, whenever possible, therapists avoid entering into any other form of relationship with clients outside of session to maximize client comfort and sense of safety. I maintain electronic medical records of our meetings that contain your diagnosis, treatment plan, and weekly summary of treatment progress, taking reasonable steps to secure your records. These records are for my use in providing treatment, and may not be released without your signature unless there is a valid subpoena or otherwise mandated by law.

Confidential Communications

Modern technology allows for multiple forms of communication, however I am limited in my ability to guarantee confidentiality for the various forms of communication.

Voice Messages

Outside of session, my preferred method of communication is by phone and voice messages, as I am able to best protect your confidentiality when you leave messages on my voicemail. I try to respond to voicemail messages within 24 hours on business days; thus, please call 911 for life threatening emergencies. Unless otherwise requested, I will leave messages for you on the mobile number you provided.

Your preferred phone number for confidential voicemails: (____)____ - _____ Mobile _____

Text Messages and Email

You may also communicate regarding *scheduling and business matters* via text (805-405-8248) and email (dianegehart@verizon.net); *please do not send personal or confidentiality information via email or text message as I cannot guarantee the confidentiality of these communications*. In addition, I do not provide psychotherapy via Internet, and therefore I *do not* provide interventions, assessments, advice, or otherwise "treat clients" via email or text because of the increased potential for error. If you have a therapy-related question, it will generally be addressed in our next meeting when I can appropriately and professionally assess you and the situation.

_____ Initial here to indicate your understanding of the limited confidentiality of text messages and email should you choose to use these for communication.

Social Media Policy

To protect privacy, I do not connect with clients on Facebook, LinkedIn or other social media.

"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.

_____ Initial here to indicate your understanding of the "no secrets" policy with couples and families.

Crisis Contact Information

As an 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 mobile 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. In case

Request For Therapist to Bill Insurance

I hereby request that Dr. Gehart bill the following insurance company as an out-of-network provider on my behalf. I understand that I will pay for sessions in full at the time of service and that my insurance will reimburse me based on their terms of coverage.

By signing below, I am allowing my therapist to contact my insurance provider and share information regarding my attendance, diagnosis, and treatment. I understand that I am responsible for payment of all services at the standard rate in the event that my insurance provider denies payment. I am also responsible for contacting the insurance provider to determine my level of benefits and to resolve billing concerns.

Please complete all information below: Thank You!

Insurance Company: _____

Patient ID #: _____

Group #: _____

Patient Date of Birth: ___/___/___

Primary Insured ID# (if different): _____

Date of Birth: ___/___/___

Patient (adult)/Insured (if patient minor) SS#: _____

I also understand that most insurance companies do not cover no-show charges, phone consultation charges, or letter and court report fees.

PLEASE BRING COPY OF INSURANCE CARD TO FIRST SESSION.

Client (or Parent) Signature

Date

Client Signature

Date

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

Client 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: April 2013