

## **INFORMED CONSENT AGREEMENT**

This agreement is designed to provide you with information regarding your participation in individual, family, couples, and/or group therapy with Gail D. Gerbie, LMFT (License MFC #53709). Please feel free to ask any questions you may have regarding this information and/or your therapeutic treatment.

### **THERAPEUTIC APPROACH**

My therapeutic focus is to assist clients deal with life's challenges. My experience is in relationship & family issues, adjustments to intense change, grief & loss, trauma, and recovery from addictions. I use an integrated and personalized approach to therapy, based on humanistic theories. As a Certified Sandplay Therapist, I am trained in Sandplay Therapy and symbolic imagery offering clients non-verbal and symbolic means of expression. When appropriate, I may also use experiential exercises, expressive arts, narrative therapy and animal assisted therapy.

Psychotherapy has benefits and risks. Since therapy often involves exploring unpleasant aspects of life, you may experience uncomfortable feelings such as sadness, anger, guilt, frustration, loneliness, and helplessness. Research has found that psychotherapy helps many clients, yet every client has their own unique situation and challenges. Due to each client's needs and objectives, I cannot guarantee results nor predict the length of treatment. Occasionally, I may suggest additional sessions, out-of-session assignments, group therapy, or consultation with other care providers. I may suggest both traditional and non-traditional methods and practitioners, and if interested, I will provide you with a variety of resources. You are responsible for your own treatment decisions and choice of practitioners. If you are working with another healthcare provider, I may ask you to sign a release of information so we can coordinate your treatment. You have the right to ask questions or refuse anything I may suggest.

### **ACCESSIBILITY**

My availability outside scheduled appointments is limited. I can be reached through voice mail or text message at 760-807-1300 or email at [gail.gerbie@gmail.com](mailto:gail.gerbie@gmail.com) and will do my best to respond within 24 hours between the hours of 8am-6pm. It is best to use phone, text and email for schedule changes and brief updates only. Because electronic transmission and the telephone do not provide adequate privacy or confidentiality, I do not provide text or email counseling. If you are experiencing emotional distress and contact me for support between sessions, I will offer brief recommendations and resources. If we agree, we will schedule an office session as soon as scheduling permits. If you are experiencing a life threatening or urgent mental health emergency, please call 911 or the San Diego County Crisis Line: 888-724-7240.

## PROFESSIONAL BOUNDARIES

In alignment with the ethics of the California Association and American Association of Marriage and Family Therapists, I maintain professional and ethical boundaries. To provide the best care and protect the therapeutic relationship, I will hold the boundaries of our relationship and consider your best interests first. During our sessions we will focus on your life, treatment and progress. As a rule, I will not accept invitations to attend clients' personal events such as; graduations, milestone events, weddings, religious celebrations, etc. Additionally, out of respect for your confidentiality, if we run into each other outside my office, you may acknowledge me but I will not be the first to approach you. Please do not be offended, these guidelines are to protect your privacy and the integrity of our therapeutic relationship. If you are uncomfortable or do not feel you are progressing, please let me know and I will suggest treatment alternatives, provide referrals to other qualified practitioners and/or recommend terminating therapy. You may choose to discontinue therapy at any time, however prior to ending treatment, I strongly recommend a "final session" where we can have formal closure to our time together.

## CONFIDENTIALITY

All information shared with me during the course of therapy and my written records are confidential and will not be revealed to anyone without your written permission, regardless of who accepts financial responsibility for treatment, with the following exceptions:

- You disclose serious intent or plans to hurt yourself or another person, or if you become gravely disabled. In such cases, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others, and to ensure you receive proper medical care.
- If there is reasonable suspicion of child, elder or dependent adult abuse or neglect. I am a mandated reporter and will file a report with the appropriate agency.
- In emergency situations where there is serious concern for your personal safety, the safety of others, or you receiving proper medical and/or psychiatric care, I may contact 911, the police, the psychiatric emergency response team (PERT), the emergency contact person you provided, or another appropriate contact person.
- Should your therapy records be ordered by the court, or you are in court ordered therapy, I will disclose only the essential information.
- Should you initiate litigation and place your mental status at issue, the defendant may have the right to obtain your therapy records, as well as request my testimony.
- At times, I may consult with professional colleagues; however your identity will remain entirely confidential.
- Minors are entitled to the rights and exceptions of confidentiality as adults. Should a parent request information or treatment progress of the minor, I will use my professional discretion and judgment regarding the sharing of such information. **PLEASE NOTE:** *I have strong personal feelings about the safety of minors. While not legally required, I may choose to break a minor's confidentiality, if in my professional opinion, I feel the minor is engaging in dangerous or life altering activities. I will do what I feel is necessary to protect the minor.*

**FEES and POLICIES**

My standard fee for individuals, couples and families is \$155 per 55-minute session. If I am unable to accommodate your financial situation, I will offer referrals to other treatment alternatives. Payment can be made in cash, check, a variety of payment apps (\$5 discount), or credit card. **PLEASE NOTE: I do not take or bill insurance.** Sessions will begin and end on time. If you are late, we will still end on time. If I begin late, you are entitled to the full time. If unable to keep an appointment, please provide a minimum of 24-hour notice. Since I reserve a specific time for you, I charge for appointments cancelled without 24-hour notice, with the exception of serious emergencies.

**AGREE AND SIGN**

By signing this Informed Consent Agreement, you agree that all disputes arising out or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by our mutual agreement, and the costs of such mediation shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in San Diego County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. My goal is to provide therapeutic care in such a way as to avoid any dispute. Communication can often help avoid misunderstandings. If you have any questions about your care, please ask.

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Client's Name	Signature	Date
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Client's Address	E-mail	Phone
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*If client is a minor,*

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Parent's or Legal Guardian's Name	Signature	Date
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Address	E-mail	Phone
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**NOTICE TO CLIENTS**

*The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.*