

Diane Gehart PhD

Licensed Marriage and Family Therapist
Knowledge | Compassion | Results

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 Fellow 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, mindfulness-based, cognitive-behavioral, psychodynamic, experiential, and existential therapies, I maintain a collaborative, flexible approach to determine which approach is best for you and your concerns. 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 am also trained as a Brain Health Coach through the Amen Clinics, which uses cutting-edge brain imaging techniques to address physical and mental health concerns, with an emphasis on wellness and limiting psychiatric medication use whenever possible. 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 ever you feel uncomfortable with or are unclear about the process, please 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 but that new issues are brought to light that they want to address. This shift in focus is 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. 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. A small minority of people do not experience benefits; in which case, I will discuss alternatives and options with me or another professional. 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 convenient 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 of a medical or psychiatric emergency during session, I will contact the person you specify below and hereby release me to speak to in such circumstances:

Contact in case of a Medical or Psychiatric Emergency
Name: _____ Phone: _____ Relation to you: _____

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 complete a release of information authorizing these exchanges; in some cases, I may not be able to provide services without this.

Please Ask Questions

You may have questions about my qualification, therapy, or anything not addressed here. *It is your right* to have a complete explanation for any questions you may have at this time. Also, please feel free to ask me any questions or share any concerns that might arise during the process of therapy. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you.

Fees and Length of Sessions

My fee for a 45-50 minute session is \$165; 75-minute sessions are \$225.

Missed Sessions: If you will not be able to attend a session, please notify me at least 24 hours in advance. If you do not notify me, you will be charged a \$75 no-show or late cancellation fee.

Additional Services: Additional services are billed as follows:

- Between session phone consultations: \$40 for each 15 minutes.
- Letters to third parties: start at \$75 (based on time required to prepare)
- Court reports and testimony: start at \$250 (based on time required to prepare)

Outstanding Balances: Payment is due at time services are rendered, and the therapist does not provide billing for outstanding balances. If a client fails to arrange for payment of an outstanding balance, accounts may be sent to a professional billing company. There is a \$10 fee for the billing service and a 25% late fee. If clients are unresponsive, the billing company may forward to collections.

I/We have read and understand the above conditions of treatment, confidentiality practices, and terms of payment and hereby consent to treatment.

 _____

Client (or Parent) Signature

_____ Date

_____ Client/Parent Signature

_____ Date

_____ Therapist Signature

_____ Date

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 provide a copy of your insurance card plus the following:

Patient Date of Birth: ___/___/___

Primary Insured Party's Information (if not the patient)

Date of Birth: ___/___/___

Insurance ID# (if different): _____

Address (if different): _____

Phone (if different): _____

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

