AMY-LYNN GERBER
Marriage & Family Therapist
LMFT 103970
2820 Glendale Blvd.
Los Angeles, CA 90039
(213) 375-5731

CONSENT FOR COUPLES TREATMENT

This is to certify that we agree to participate in couples psychotherapy with Amy-Lynn Gerber, a Licensed Marriage & Family Therapist.

1. We understand that Amy-Lynn Gerber is a licensed Marriage & Family Therapist in good standing with the California Board of Behavioral Sciences.

2. We understand that the standard therapeutic session is 50 minutes in duration.

3. We understand that that we will achieve the maximum benefits from psychotherapy by attending sessions on a regular and consistent basis.

4. We understand that we are financially responsible for all scheduled appointments. We understand that we will be charged the full fee for all sessions cancelled without at least 48 hours notice or for Monday appointments cancelled after 5 p.m. on the previous Friday. We understand that if we arrive late for my appointment, the session will end at the regularly scheduled time and that we will be charged the full fee. We understand that if we are more than 15 minutes late for our appointment and have not notified the therapist that we have been delayed, the session will be considered cancelled and that we will be charged the full fee.

5. We understand that my session time has been reserved for us on a weekly basis. We understand that our regularly scheduled session time will not be reserved for me if we cancel more than two appointments in any one month period.

6. We understand that if we do not attend therapy for 3 weeks in a row without scheduling another appointment, our file will be closed and the therapy will be considered terminated. We understand that even if our file is closed, if we decide to recommit to therapy, our file will be reopened as soon as we make a new appointment.

7. We understand that therapy is most effective when clients and therapist are both fully engaged in the therapeutic process; therefore we agree to turn off cell phones and all other electronic devices for the duration of each session.

8. We understand that we are expected to benefit from treatment, but that there are no guarantees. Outpatient psychotherapy does not have significant risks, but we understand that we may feel temporarily worse at times during treatment.

9. We understand that, while therapy is intended to help me achieve our life and relationship goals, all decisions regarding those goals are our own and that the therapist will assist only in facilitating clarity regarding those decisions.

10. We understand that, while couples therapy is intended to help us attain our relationship goals, all decisions regarding our relationship are our own and that the therapist will assist only in facilitating clarity regarding our decisions.

11. We understand that my therapist maintains a "no secrets" policy for couples and family therapy. This means that the therapist will not condone the concealment by one member of a couple or family of relevant information from the other members and will encourage the concealing client to disclose the information to the other members of the couple/family as soon as possible.

12. We understand that we may call our therapist between regularly scheduled sessions and that she will do her best to return our call within 24 hours. I understand that the therapist may charge us for any phone conversations that run longer than 15 minutes. We understand that my therapist is not an emergency resource and that, if we find we are having a life-threatening emergency, we should immediately call 911.

13. We understand that we have the right to terminate therapy at any time and that it is customary/advisable to discuss the termination of the therapeutic relationship to ensure proper closure. We understand that our therapist has the right to terminate therapy (with adequate notice and referrals) in the following cases: A) If we are unable to pay the fees and a mutually agreeable financial arrangement cannot be made, B) if she feels that our mental health needs can be better served by another therapist, C) if we are unable or unwilling to comply with our responsibilities that allow therapy to be effective, such as attending sessions on a regular basis and otherwise acting responsibly and in good faith, and D) if she discontinues providing psychotherapy services (i.e., moves out of the area, becomes disabled, or otherwise is unable to provide psychotherapy services).

14. We understand that all information disclosed during the session is by law strictly confidential with the following specific exceptions: by law suspected child abuse, dependent adult abuse, and elder abuse must be reported to the appropriate authorities; records may be subpoenaed in such cases where the client has introduced his/her mental status as evidence in court proceedings; if specific, physical harm is threatened by client to another person and the threat is, by reasonable assessment, deemed to be serious and imminent; or if the therapist is ordered to turn over the client's records under the provisions of the Patriot Act.

15. We understand that confidential information discussed during the session can be disclosed to third parties in certain specific circumstances: when a client is determined to be a danger to himself, to others, or to property or when a client has been determined to be gravely disabled; to health care providers for the purpose of diagnosis or treatment of patients in emergency situations and to health care service plans for the purpose of payment; to probate court investigator, probation officer, or domestic relations investigator when determining the need for guardianship; during legal proceedings prompted by an alleged breach of duty on the part of the clients or the therapist; or when clients have signed an authorization to release confidential information.

16. We understand that there can be significant consequences if we release our therapeutic records to a third party and so we agree to discuss any potential release with our therapist before we authorize that release.

17. We understand that electronic communications such as email and text between therapist and clients will be limited to scheduling and other logistical concerns, and not to conduct therapy or share clinical or personal health information.

18. We consent to the use of telehealth (video sessions) or telephone services when in-person services are not available.

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Signature of Client Date

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