

**Josh Gressel, Ph.D.**  
*PSY 16252, Certified Imago Therapist*

## INFORMED CONSENT

The purpose of this form is to spell out important information of which you need to be aware before beginning psychotherapy with me.

1. **Confidentiality:** Everything which takes place in the course of our therapy is confidential. I cannot release any information to anyone without your written permission. If you are involved in couple's therapy, both partners must sign off before I can release information.

There are, however, some built-in exceptions to your confidentiality:

- A. **Insurance:** If you are seeing me through your insurance company, I will be required to provide them with basic information regarding your treatment, such as symptoms, diagnosis and prognosis.
- B. **Legal mandates for breaking confidentiality:** In certain circumstances, I am required by law to break your confidentiality: when there is reasonable suspicion of child abuse (a minor under 18 years of age), elder abuse (someone over the age of 65), or if you pose an imminent risk of serious physical harm to another person. It may also be necessary for me to break your confidentiality if you are intent on hurting yourself.
- C. **Consultation:** Occasionally I find it necessary to seek outside consultation on certain issues with another licensed professional. In these instances, I use no identifying information verbally and provide no written documentation.
- D. **Collections:** If you fail to pay me the fees due, I may release your name and the amount owed to a collection agency. You will be warned before this step is taken.

2. **Record Keeping:** Like all professionals, I maintain a case file on your treatment which includes basic identifying information, a record of all financial transactions, and progress notes. These are kept in a locked file during your treatment and in a secure facility for seven years following the termination of your treatment.

3. **Qualifications:** I am a licensed clinical psychologist and a Certified Imago (couples) Therapist, with a Master's and Ph.D. in clinical psychology. I am not qualified to dispense medication – for this you must see a psychiatrist or general practitioner. I will be happy to make a referral if this is necessary.

4. **Treatment length:** It is very difficult to determine treatment length at the outset, but it is always a useful discussion to have. Your treatment length will be affected by a variety of factors: your symptoms, your goals, your resources (time, money and/or insurance benefits), the success of our working relationship, and a variety of external circumstances. Risks in treatment include the following: increased distress, disruption of previous world-views, and the possibility that the treatment may not be effective.

You have the right to terminate at any time, though depending on the circumstances I may suggest at least a few sessions to allow for a successful termination.

5. **Treatment alternatives:** There are many ways for people to become more healthy psychologically, and psychotherapy is but one of them. I may make suggestions for empirically sound treatment alternatives, such as medication, 12-step or other group meetings or a different form of psychotherapy (family, couple's or individual). I am also open to supporting you in whatever outside resources you have found or will find which are useful to you, such as spiritual practices or alternative healing methods.

6. **Fees:** My fees for private pay clients are \$120.00 per hour. Sessions are 50 minutes. All fees, including copays, are due at time of service. Clients are responsible to provide their insurance with the necessary information to ensure timely authorization and payment. You are ultimately responsible for your bill, and if your insurance company does not pay you will be expected to. Cash or checks are acceptable. If you wish to write a check, please make it payable to me and have it written out before we begin our meeting so we do not need to end early to allow you time to write it.

7. **Cancellation/Reschedule Policy:** I require a 72-hour notification for a schedule change or cancellation. If I do not get 72 hours notice but can reschedule you during the week or fill your time with another client, you will not be charged. If I cannot, you will be responsible for the full fee, not just your copay, as I cannot bill your insurance company for a no-show or late cancel. This rule applies even for completely unavoidable circumstances, such as illness. I regret having to do this, but I have found that I cannot absorb everyone's emergencies.

8. **Emergency access:** I share office space with other licensed clinicians. We carry a cell phone by rotation, so it is available to you 24 hours a day for emergencies. The number is (925) 300-5339. The on-call clinician will return your call and attempt to help you with the crisis. If they cannot do so, they will attempt to reach me. Sometimes I will be the on-call clinician, but there is no way you can know in advance if that will be the case.

I understand and agree to these terms and conditions.

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(Client)

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(Client)

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Date