

Tanya Gaum, MEd, MA, Associate MFT
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Supervised by Fiona E. Steele, LMFT
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CONSENT FOR SERVICES

By signing this form, I acknowledge that Ms. Gaum is a qualified and competent Marriage and Family Therapist Associate. She is not yet licensed in California to practice psychotherapy independently as an LMFT, however, she is authorized to practice under the clinical supervision and employment of Fiona E. Steele, LMFT lic#20388 as a registered intern with the California Board of Behavioral Sciences. I acknowledge that I have the right to bring any concerns or complaints regarding my treatment directly to her supervisor, Fiona Steele, LMFT if I choose, with or without Ms. Gaum's knowledge. However, I will attempt to address any concerns or complaints regarding my treatment with Ms. Gaum first.

Confidentiality

Currently, both law and professional ethics require therapists to maintain complete confidentiality in the vast majority of cases. In these cases Ms. Gaum/Fiona Steele cannot release any information about you without your prior written permission. However, there are some exceptional circumstances in which therapists are required to communicate information about your therapy to external sources. These exceptions are as follows:

- The client represents a clear and present danger to him/herself and refuses to accept appropriate treatment.
- The client communicates to the therapist a threat of physical violence against a clearly identified victim OR the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The client represents his/her mental condition as a defense in a legal proceeding.
- The client initiates legal action against the therapist.
- The therapist has grounds to believe a child under the age of 18, an elderly person over 60 or a handicapped adult has been, or is at risk for being abused or neglected.
- The therapist has reason to believe a health care professional has engaged in professional misconduct.
- A judge orders the therapist to release client information.
- The client is using insurance to pay for or reimburse for therapy.

Psychotherapist-Client privilege

I acknowledge that information disclosed by me, as well as any records created, is subject to the psychotherapy-client privilege. The psychotherapy-client privilege results from the special relationship between therapist and client in the eyes of the law. It is akin to attorney-client or doctor-patient privilege. Typically the client is the holder of privilege. If Ms. Gaum receives a subpoena for records, deposition testimony or testimony in a court of law, Ms. Gaum will assert the psychotherapy-client privilege on your behalf until instructed in writing, to do so otherwise by you or your representative, within the limits of the law. You acknowledge that you might be waiving the psychotherapy-client privilege if you make your mental or emotional state an issue in a legal proceeding.

Client litigation

Ms. Gaum will not voluntarily participate in any litigation, divorce or custody dispute in which you or another individual, or entity are parties. This office has the policy of not communicating with attorneys and generally will not write or sign letters, reports, declarations or affidavits to be used in legal matters. In addition, this office will not provide records or testimony unless compelled to do so. Should Ms. Gaum be subpoenaed or ordered by a court of law to appear as a witness in an action you are involved in, you agree to reimburse Ms. Gaum for any time spent for preparation, travel or any other time in which she has made herself available for such an appearance, at the rate of \$180 per hour.

Records and record keeping

Ms. Gaum may take notes during the session. These notes constitute the clinical and business records of Fiona Steele, LMFT. By California law, these records must be maintained for a period of 7 years following termination of therapy. Such records are the sole property of Fiona Steele, LMFT and will be kept secure. The client has a right to see or get a copy of the records at anytime. After 7 years, the records will be destroyed in a manner that preserves client confidentiality.

I acknowledge that as a standard part of clinical supervision, Ms. Gaum will be discussing all aspects of my case with Fiona Steele, LMFT and sharing all documentation in my chart with her. This may include and video or audio recordings of my sessions that I consent to for training purposes.

Financial policy

I Acknowledge that prior to starting treatment, I have agreed upon a fee with Ms. Gaum. This fee is based on a 50-minute session unless otherwise agreed upon. I also acknowledge that from time to time, a fee increase may become necessary. Any increases will be discussed and agreed upon with Ms. Gaum.

I acknowledge that as a pay- for-fee service, I am responsible to pay for services in full at each session. I acknowledge that until Ms. Gaum is licensed in California, I must make checks or other payments directly to Fiona Steele, LMFT, who will in turn pay Ms. Gaum for services provided to me according to their employment agreement. If I choose to keep an encrypted credit card on file, I will sign a written permission form first. If I am using someone else's credit card, I will provide their prior written permission to be charged. Although most insurance companies do not reimburse for services provided by an associate, upon request Fiona Steele, LMFT will provide you with a superbill or receipt.

Cancellation Policy

I acknowledge that cancellation of appointments requires 24 hour's notice, or the full session fee will be charged. Exceptions to this policy are as follows: If Ms. Gaum can fill your time or if you reschedule within the same week (bearing availability). Emergency situations will be considered on a case by case basis.

Therapist availability

Ms. Gaum maintains a confidential voicemail system that allows you to leave a message at any time. Every effort will be made to return calls within 24 hours but she cannot guarantee the calls will be returned immediately. Calls made Friday-Sunday will generally be returned the following Monday unless it is specified in the message that it is urgent.

For emergencies, I must call 9-1-1 or visit the nearest emergency room.

I may contact Ms. Gaum in between sessions and request phone or Skype time, if needed. Calls kept under 15 minutes will not be charged. Beyond 15 minutes, Ms. Gaum will charge at her full session rate.

If Ms. Gaum is out of town or incapacitated, Fiona Steele, LMFT will be on call. She can be reached at 310) 804-2813.

Electronic communication policy

I acknowledge that any communications via cell phones, text messages, emails or webcam services may lack full confidentiality due to technical limitations, or be out of compliance with my rights under HIPAA. I knowingly waive these rights if I elect to communicate using electronic devices or services.

Risks and Benefits of Therapy

Psychotherapy is a process in which the client and therapist discuss a myriad of issues, events, experiences and memories for the purposes of creating positive change, reducing identified symptoms and/or removing barriers to living life more fully. Participating in psychotherapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work and family settings, increased capacity for intimacy and increased self-confidence. Such benefits may require substantial effort and active participation on your part, including honesty and a willingness to change thoughts and behaviors. Progress or success may vary depending on the particular problems or issues being addressed, trauma history, and many other factors. There is no guarantee that therapy will yield any or all the benefits listed above.

I acknowledge that participating in therapy may involve some discomfort including remembering and discussing unpleasant events, feelings and experiences. This process may evoke strong feelings, including sadness, anger, fear and anxiety. There may be times when your perceptions and assumptions may be challenged. Relationships might change. It is not uncommon to feel worse before feeling better. Personal growth and change may be easy and swift at times, but also may be slow and frustrating.

Commitment to treatment goals

I acknowledge that I will work with Ms. Gaum as a partner to master defined, agreed upon treatment goals. Every few months, Ms. Gaum will discuss your progress and changes to your goals. Ms. Gaum commits to employ professional skills to most effectively address your treatment goals. She will also honestly inform you when there is an issue that does not fall within her skill set or scope of practice and will make diligent efforts to assist in finding the expertise needed to meet those goals. Therapy is an active process that requires effort, homework and practice. To make the most of every session, please make every effort to be punctual to your sessions.

Termination of therapy

I acknowledge that I am free to terminate therapy at any time, but that i will discuss my desire to end treatment in advance with Ms. Gaum. It is generally recommended that the client participate in at least one or more termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work done and create a plan for continued growth after treatment. Ms. Gaum will also attempt to ensure a smooth transition to another therapist by offering referrals as needed. Reasons for termination include a mutual decision that an alternative treatment is in the best interest of the client, failure to comply with treatment recommendations, conflict of interest, failure to participate in therapy, untimely payment of fees, the client's needs are outside the scope of the therapist's competence or practice, or the client is not making adequate progress in therapy.

Acknowledgement of agreement/informed consent

By signing this document, I acknowledge that I have read, reviewed and understand fully the terms and conditions of this agreement. If I have any questions or concerns, I will discuss them with Ms Gaum.

I agree to abide by the terms and conditions of this agreement and consent to participate in services. Moreover, I agree to hold Ms. Gaum and Fiona Steele, LMFT free and harmless from any claims, suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. A copy of this form as been provided to me.

Client name (print) _____

Date _____

Signature _____