

NEW CLIENT INFORMATION and CONSENT FOR TREATMENT

Welcome to my practice! The following pages describe information for new clients who desire individual, couple, family or group therapy services. Please read this information carefully and feel free to discuss any questions or responses you might have with me. **THIS BOOKLET IS YOUR RECORD OF OUR AGREEMENT.** If we work together, I will ask you to sign a Signature Page indicating you have read, understood and have had all your questions answered to your satisfaction. This document may seem lengthy but I assure you the information is important for our working together.

LICENSE AND TRAINING

I am licensed in the state of California as a Marriage, Family Therapist (MFT 20355). I provide psychotherapy services to evaluate and treat individuals with various emotional, mental, relationship, sexual, and spiritual issues. I have experience and training in working with depression, anxiety, addictions, sexuality, gay, lesbian, bisexual and transgender issues (LGBT) spirituality, and many other presenting forms of human psychological suffering. I have experience with many therapeutic modalities.

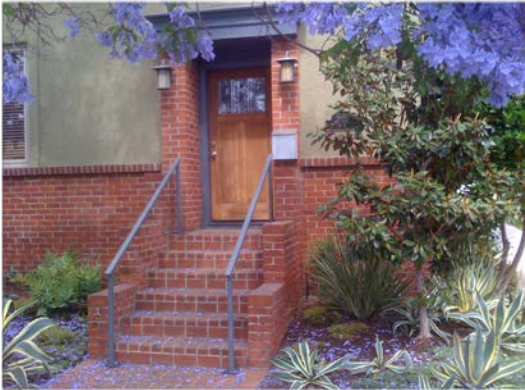
I have also been trained and certified to provide relationship therapy for married couples, long term partners, domestic partners, and a variety of relational configurations. I primarily use, but not exclusively, a modality of relational therapy known as **Imago Relationship Therapy** (IRT) developed by Harville Hendrix, PhD and Helen LaKelly Hunt, PhD. I am also a certified ***Getting the Love You Want*** couples workshop presenter.

I have also been trained as a Bioenergetic Analyst and although I do not provide services in this modality at this time, the training afforded me a deeper understanding of the body, mind, and emotions that, when working together, provide optimal health for personal growth and healing. I am also trained in Eye Movement Desensitization and Reprogramming (EMDR), an effective way to work with many kinds of trauma.

Since I am not a physician, I cannot prescribe medications, provide you with medications, or perform medical procedures, nor can I do psychological testing, the domain of psychologists.



SCHEDULING



Sometime during the first interviews, we will discuss the various scheduling arrangements most suited to your particular needs. Sessions are usually between 45-50 minutes in length. Couples sessions are usually 75 or 90 minutes in length.

Individual and Couples Appointments

Appointments are generally made on a regular weekly basis and your time is held for you from week to week. In a sense, you have a contract whereby you have the exclusive use of my time for your scheduled appointment. In the event that you are unable to keep your appointment, I ask that you cancel as soon as possible. If this is

done at least 48 hours prior to your appointment time, there will be no charge for the cancellation.

Cancellation without Notice

Your session is scheduled for you specifically, so without notice of cancellation, someone else in need of an appointment cannot fill it. If you fail to show up, or if you cancel your appointment with less than 48 hour notice, you will be charged your regular fee. Please note that I am not permitted to bill an insurance company for a missed appointment. Therefore, if you do not provide me with appropriate notice, and you are using insurance, you are responsible for the total fee for that missed appointment.

If our schedules allow for another appointment in the same week, you will not be responsible for payment of the missed appointment.

CONFIDENTIALITY

Consultations, content of all sessions, and disclosures, etc. will be held in strict confidence. Written permission will be required if you request that I share information with persons or agencies. There are certain situations in which, as a psychotherapist, I am mandated by law to reveal information obtained during therapy to other persons or agencies without your permission. Also I am not required by law to inform you of my actions in this regard. These situations are as follows:

1. If you threaten grave bodily harm or death to another person, I am required by law to inform the intended victim and the appropriate law enforcement agencies;
2. If a court of law issues a legitimate subpoena, I am mandated by law to provide the information specifically described in the subpoenas;

3. If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court;

4. If there is sufficient evidence presented in therapy to suspect that a child or elderly person is being abused, either by neglect, assault, battery, or sexual molestation, I am required to report the “reasonable suspicion” of such abuse. I have no authority or responsibility to investigate the case.

5. In the case of potential suicide, I am allowed by law to inform the necessary individuals and/or agencies to prevent harm.

In couple and family treatment, please be aware that information shared with me during any individual sessions will be disclosed to other members of your family, unless previously agreed upon by us.

CONSULTATIONS

From time to time, I consult with other qualified professionals to seek information or input which may be helpful to my clients. At such times, I change identifying information so as to preserve and protect confidentiality.



FEES

My current listing of fees for various services and types of sessions is listed on my website at www.michaelscottmft.com.

Fees for therapy services will be discussed at our first interview and agreed upon at that time. Fees are based on the length of time for a session. My web site lists the current fees for sessions of various lengths of time. Payment of fees is requested at the beginning of every session. Check is preferred, but Visa or MasterCard are accepted with an additional 2.5 percent charge added to the transaction. In instances where extraordinary professional time is required, you may incur additional fees. These would include extended therapy sessions and any phone contact over 10 minutes long. Phone contact more than ten minutes long will be prorated at your regular session fee. There is a \$10 service charge for returned checks.

As your therapist, I consider any feelings and thoughts you have about fees or being charged for missed appointments ***as therapeutic*** and invite you to discuss them with me.



INSURANCE & FINANCIAL MATTERS

Many of the costs of outpatient psychotherapy are covered by health insurance. Please check with your insurance company. There are a growing number of insurance companies and an assortment of different types of policies within these companies. It is crucial that you find out what your individual coverage is. These companies most often will only provide you with the information regarding your coverage, not me as the professional providing services. Benefit information can be obtained either through your personnel

office at work or directly from your insurance company. The following guidelines will be helpful:

- a. Ask for details about your outpatient psychiatric/mental health coverage.
- b. Ask if they reimburse for outpatient psychotherapy from a licensed Marriage and Family Therapist with a Master's Degree in the state of California not affiliated with a clinic but working independently. I am not affiliated with any insurance company nor any clinic nor any group practice.
- c. Ask if your policy has a requirement regarding licensure and degree (i.e. MD, PhD, MSW, MA or does it require the clinician to be supervised by an MD or PhD.)
- d. If they provide coverage for my services then ask how much it pays per visit, whether you have a maximum number of visits or maximum dollar amount per calendar year, how much your deductible is and if they will reimburse you as you are paying the therapist directly.

If you are not covered by a third party carrier and your fee has been adjusted due to severe financial necessity, you agree to notify me of any increases in your income, and an appropriate readjustment to your fee will be made.

OUTSTANDING BALANCES

If you have an outstanding balance at the termination of your treatment, postdated checks will be required at our last session for the entire balance of your account. If regular monthly payment is not received, for any reason not mutually agreed upon, a fee of 2% will be added to your balance due each month.

AVAILABILITY

I use a phone voice mail system which you can reach by dialing 619-300-5829. If I have not returned your call within 24 hours, please assume my system isn't working properly and leave my another message. I often check for messages throughout the day from 8 am to 6 pm Monday through Thursday. If you are having an emergency, such as suicide and if I do not respond quickly enough for your needs, please go to a hospital emergency room and continue trying to reach me. When I will be out of town, a colleague will cover for me in case of emergency. My colleagues's name and phone number will be left on my voice mail message. I am unavailable on weekends except for an emergency. Calls received on Fridays and weekends will be returned on the following Monday.

The number of the Community Crisis Line is 1-800-724-7240

BENEFITS OF A TEAM APPROACH

Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improving interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort, intense feelings of sadness, anger, hurt, guilt, anxiety, depression, loneliness, or helplessness may be aroused.

Remembering and resolving unpleasant events through therapy can bring on these strong reactions. Attempting to resolve issues between partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. Change isn't always "bigger and better and positive", sometimes it involves learning to "accept things as they are", to cease "pushing the river uphill", and "moving toward" that which is being avoided.



IMAGO RELATIONSHIP THERAPY



I have been trained and certified as an Imago Relationship Therapist specializing in couples and intimate relationships. Imago Relationship Therapy is a fully developed theory and practice developed by Harville Hendrix, PhD and Helen LaKelly Hunt, PhD in their books ***GETTING THE LOVE YOU WANT, KEEPING THE LOVE YOU FIND, GIVING THE LOVE THAT HEALS, and RECEIVING LOVE.***

If you and your spouse/partner are seeking relationship therapy, consider making the following commitments. These recommendations have been time tested over many years and they foster and nurture relational healing and growth.

- a. Commit to a minimum of 10 to 15 sessions, often weekly, but at least on a regular, reliable basis.
- b. Commit to 75 minute or 90 minute sessions rather than the usual 45 - 50 minute sessions. Fees are different for these session lengths. See my website for the most up to date fee schedule.
- c. Be prepared to have some homework experiences that will be customized for your particular issues and level of skill in communication.

“Imago” means image or picture of love you have memorized and learned in your past by observing and being influenced by the behavior and personality of your primary care takers. Primarily unconscious, this image of love you carry with you is compromised and those compromises are now showing up in the difficulties you experience in your primary intimate relationship.

Imago is a form of dialogical therapy. You and your partner will be assisted and coached in various forms of dialogue to both resolve and heal so that you may grow, grow up, and become the person you are meant to be. Then it becomes possible to grow through conflict and create the relationship of your dreams rather than that of your nightmares.

I have also been certified as an Imago ***Getting the Love You Want*** couples workshop presenter. This workshop is based on Harville Hendrix book ***Getting the Love You Want*** and is held six weekends each year in San Diego.

REFERRALS ADDITIONAL SERVICES

You are encouraged to follow-up on referrals for any additional services we discuss. I may recommend that you have a physical examination prior to beginning psychotherapy so as to rule out any physical conditions causing or exacerbating your current emotional state. Please be responsible in notifying me of any changes in your physical condition.

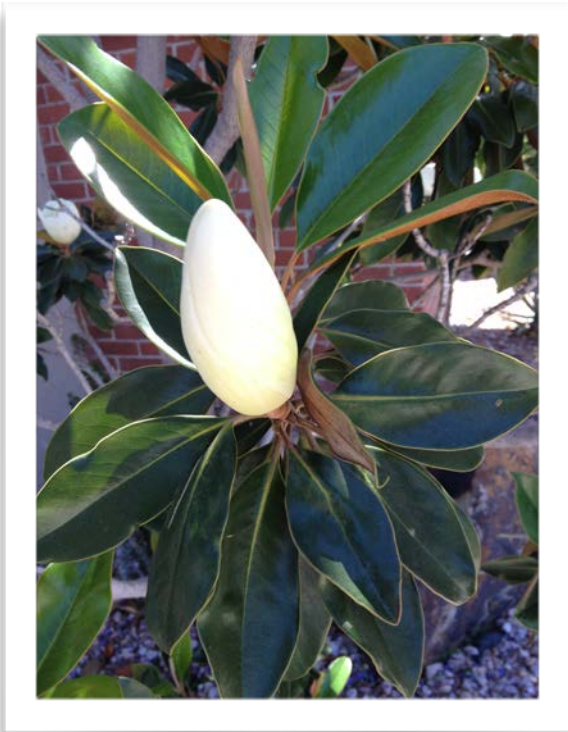
OTHER INFORMATION

1. You have the right to choose not to receive therapy from me at any time. If you choose this, I will provide you with names of other qualified professionals whose services you might prefer.
2. You also have the right to ask any questions about and/or decline the interventions used during therapy. If you wish, I shall explain my methods to you.
3. Although I share this office setting with other therapists, each of us operates independently, and is responsible for the quality of the care she/he provides.
4. I abide by the Ethical Principles of the American Association of Marriage and Family Therapists (AAMFT), the California Association of Marriage and Family Therapists (CAMFT), and Imago Relationships international (IRI).
5. One frustration of being a therapist is that I cannot now, nor ever, be your friend. I will not see you socially nor enter any business or other relationship besides the therapeutic one, no matter how rational or beneficial it may seem at the time. If we meet on the street or socially, I will probably minimize our conversation.
6. Occasionally, I raise my fees. If this happens during the course of your therapy, I will apprise you verbally, and I encourage you to discuss any reactions with me during the following session.
7. To enhance your therapy, I often take an extensive "Life Story" from you in writing. We may do this during sessions or you may choose to do it on your own with the forms I provide. We will discuss the best option for you.

TERMINATION

An orderly end of therapy has positive effects for clients. Although each of us can bring up the topic of ending therapy for your best interest, I encourage you to discuss openly with me your wish to end therapy at least three sessions prior to your last session. Closure sessions are important for clients for the following reasons: to review the course of the work together, to identify goals and accomplishments achieved, to identify further work that may be necessary or desirable, and other options.

If you wish to take a "therapy vacation" but not terminate, I request that you discuss this for at least one session in person prior to your "vacation". This last meeting may include a discussion of the most productive use of your time while you are away from regular sessions.



WELCOME

I am delighted to welcome you as a client in my practice. I encourage you to ask me all questions about the structure of our professional relationship. Please feel free to discuss any problems that may arise during the course of therapy regarding any of these policies. I look forward to a successful and beneficial relationship with you.

SIGNATURE PAGE

Along with this document as the last page is a Signature Page which can be detached to return to me. Please read it carefully before signing it. This document is for your records. The signed page is a record of our agreement for my files. Please sign the page and return it to me only after you have read, understood and had all your questions answered to your satisfaction. Thanks.

RESOURCES

Hendrix, Harville, PhD. *“Getting the Love You Want”*, St. Martin’s Press, New York, 2007.

Hendrix, Harville, PhD. *“Keeping the Love You Find”*, Pocket Books, New York, 1992.

Hendrix, Harville, PhD & Hunt, Helen LaKelly, PhD. *“Giving the Love that Heals”*, Pocket Books, New York, 2007.

Hendrix, Harville, PhD, & Hunt, Helen LaKelly, PhD. *“Receiving Love”*, Atria Books, New York, 2004.

Johnson, Sue, PhD. *“Hold Me Tight”*, Little, Brown & Co., New York, 2008.

Plotkin, Bill, PhD. *“Wild Mind”* New World Library, Novato, CA, 2013.

Real, Terrence. *“The New Rules of Marriage”*, Ballantine Books, New York, 2007.

Siegel, Daniel, MD & Hartzell, Mary, M.Ed. *“Parenting from the Inside Out”*, Penguin, New York, 2003

Whyte, David. *“River Flow - New and Selected Poems”*, Many Rivers Press, Langley, WA, 2012.

SIGNATURE PAGE

I have read the Informed Consent document given to me. I understand it's content and intention and have had any questions answered to my satisfaction. I agree to work together in Psychotherapy with G. Michael Scott, MFT (CA. LIC. 20355).

(If you and your spouse, life partner, etc. are seeking couple therapy, both of you must sign and date this page.)

Client Signature _____ Date _____

Client Printed Name _____

Client Signature _____ Date _____

Client Printed Name _____

Therapist Signature _____ Date _____

Therapist Printed Name _____

PLEASE SIGN, DATE AND RETURN TO MICHAEL SCOTT