

H4C

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Policy and Informed Consent for Couple's Therapy

Welcome to my practice at Help for Couples and thank you for choosing me to help you both in your relationship. Couple's therapy differs from individual counseling in that it works best when the focus of my work is on your relationship. When working with you, it is expressly understood that my patient is both your relationship and each of you as individuals. In order to maintain fidelity to both of you and to your relationship, I ask for your consent on the following agreements.

Confidentiality: All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Those situations include but are not limited to: (a) when there is reasonable suspicion of abuse to a child or to a dependent or elder adult; (b) when the client communicates a threat of bodily injury to others; (c) when the client is suicidal; (d) when the client has been physically injured due to violence; (e) when disclosure is required pursuant to a legal proceeding.

I receive occasional professional consultation. In such cases, neither your name nor any identifying information about you is revealed

No Secrets Policy: When a couple enters into counseling, it is considered to be one unit. This means that my allegiance is to the couple "unit," and not to either partner as individuals. I find this is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict "No Secrets" policy. This means that I will not hold secrets for either partner. This policy is intended to allow me to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated.

On occasion during the counseling process, individual partners may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple's counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple's session, I may determine that it is necessary to discontinue the counseling relationship with the couple. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

Appointments and Rescheduling: Appointments will ordinarily be 45 minutes in duration, once per week at a time we agree on. When you schedule an appointment, that time is reserved exclusively for you. If you need to cancel or reschedule an appointment, I ask that you provide me a minimum of 24 hours notice. If you miss a session without canceling or cancel with less than 24-hour notice, my policy is to charge you the session fee.

Payments: Depending upon the manner in which we meet, professional fees are expected to be paid at either the beginning or end of each session. If I am seeing you in person, payment can be collected anytime during our time together. For sessions via phone or computer, please take care of each payment prior to our meeting. Accepted forms of payments include PayPal, all credit cards, personal checks and cash.

Insurance: I do not take insurance directly and I do not belong to any health plan providers' network. However, if your insurance plan allows you to work with out-of-network providers, I am happy to provide you with a Superbill that you can turn into your carrier for reimbursement. Reimbursed fees vary by plan.

Consent to Counseling: Your signature below indicates that you have both read and understand this Agreement and agree to the terms.

Printed Name

Signature

Date

Printed Name

Signature

Date