

Gillian Nathan, LCSW  
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**Treatment Consent and Confidentiality:**

Outpatient psychotherapy may include individual or family therapy. Resolving issues between family members and other individuals may result in changes that you did not originally expect. Signing this document indicates that you feel you and/or your child are stable enough to handle strong emotions that may arise. This therapist is not liable for pain or emotional distress that may ensue in the course of the work and it is understood that you will seek medical or psychiatric help if needed.

Confidentiality: The content of our sessions is strictly confidential. Exceptions to confidentiality are:

- 1) Law-mandated reports of child/elder physical, sexual or emotional abuse or neglect.
- 2) Intent to cause serious harm to an identifiable person.
- 3) Intent to harm yourself may also necessitate a break in confidentiality.
- 4) In rare instances a Court may order the release of information.

Any other release of information will require written consent by client or client's legal guardian. I do not share details of sessions with guardians without the minor's consent unless I feel the minor is at risk of serious and immediate harm, though when meeting with parents I may describe content in general terms. I may encourage or explore the possibility of the minor or myself sharing content of our sessions, but the choice ultimately lies with the client what information (not related to immediate safety concerns) will be shared with guardians.

**Fees and Procedures:**

Fees: My fee is \$180 for a fifty minute session or \$250 for a 75-minute session. Payment may be made in check or cash and is due at each session. Fees are reviewed every January.

Cancellations: If you are unable to keep a scheduled appointment, please give at least 48 hours notice, or you will be charged the full fee for the appointment.

Phone calls: I am available to consult by phone. For phone consultations longer than 10 minutes, we can continue at a prorated amount of my hourly fee in 15 minute increments or we can schedule an additional session.

I have read these policies and agree to the conditions set forth above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date