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Treatment Consent and Confidentiality - Couples

Outpatient psychotherapy may include crisis intervention, individual, couple, or family therapy. Our work will consist of sessions between the therapist and the person(s) seeking help, focusing on the presenting problem and associated feelings, assessing possible causes of the problem, previous attempts to cope with it and possible alternative courses of action and their consequences. The frequency and type of treatment can vary according to the presenting problem. Therapy requires effort on your part and may result in your experiencing some distress. The expectation is that you will benefit from our work, and maximum benefit is more likely to occur with your open and honest participation. Resolving issues between marital partners, family members, and other individuals can also be uncomfortable and may result in some changes that you did not originally expect. By signing this document you are indicating that you feel stable enough to handle the strong emotions that may arise during the course of this work. This therapist is not liable for any 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 the need arises.

Confidentiality: The content of our sessions is strictly confidential. Exceptions to that confidentiality are reports mandated by law of child or elder abuse/neglect or of the intent to harm another person. Intent to harm yourself may also necessitate a break in confidentiality. In rare instances a Court may order the release of information. Any other release of information will require written consent by both parties.

Fees and Procedures

Fees: My fee is \$180 for a fifty-minute session and \$240 for a 75 minute session. Payment may be made in the form of a check or cash and is due at the end of each session. Fees will be reviewed every January.

Cancellations: If you are unable to keep a scheduled appointment, please give me at least **48 business hours notice**, or you will be charged the full fee for the time reserved. The same fee will be charged if an appointment is missed without notice.

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

Signature of Client

Date

Signature of Client

Date