

INFORMED CONSENT AGREEMENT

This agreement is designed to provide you with information regarding your participation in group therapy with Gail D. Gerbie, LMFT (License MFC #53709). Please feel free to ask any questions you may have regarding this information and/or your therapeutic treatment.

GRIEF GROUP APPROACH & GUIDELINES

This is a special weekly grief group I am offering only to our local Hidden Meadows community and my clients. The focus is on naturalizing the grief experience and developing practical coping strategies to deal with the feeling and changes that accompany loss. Groups can be powerfully healing, yet not for everyone. If for any reason you are not comfortable please let me know and/or excuse yourself.

- Be courteous and give each person space to share and express their feelings.
- The way individuals grieve has deep cultural roots. Different cultures and religions have their own customs and beliefs. There are no right or wrongs. Please be tolerant of any differences.
- Please remember that each person is experiencing their unique grief journey at their own pace. Try to share your personal perspective rather than compare or judge. Please do NOT give advice.
- My office is small and space is limited. If you know you will/ will not be attending, please let Gail know.
- Sessions are Mondays from 2:00 - 3:30pm. We will begin and end on time.
- Please park only in parking spaces that do not have a number painted on the asphalt.

GRIEF GROUP FEES

The suggested fee for this special open Grief Group is \$20/session (cash or check are preferred). If you want to attend yet are unable to pay the fee, please let me know and we will find a fee that is appropriate for your situation. **I do not take or bill insurance.**

*If you would like to schedule individual, couples or family sessions, My standard fee is \$120 per 55-minute session. From time to time, I will offer "closed" committed special interest groups. Typically, the fee for closed groups is \$50 per 90 minute session.

MY THERAPEUTIC APPROACH

My therapeutic focus is to assist clients deal with life's challenges. My experience is in relationship & family issues, adjustments to intense change, grief & loss, trauma, and recovery from addictions. I use an integrated and personalized approach to therapy, based on humanistic theories. As a recognized Sandplay Practitioner, I am trained in Sandplay Therapy and symbolic imagery offering clients non-verbal and symbolic means of expression. When appropriate, I may also use experiential exercises, expressive arts, narrative therapy and animal assisted therapy.

Psychotherapy has benefits and risks. Since therapy often involves exploring unpleasant aspects of life, you may experience uncomfortable feelings such as sadness, anger, guilt, frustration, loneliness, and helplessness. You have the right to ask questions and/or refuse anything I may suggest.

ACCESSIBILITY

My availability outside scheduled appointments is limited. I can be reached through voice mail or text message at 760-807-1300 or email at gail.gerbie@gmail.com and will do my best to respond within 24 hours between the hours of 8am-6pm. It is best to use phone, text and email for schedule changes and brief updates only. Because electronic transmission and the telephone do not provide adequate privacy or confidentiality, I do not provide telephone, text or email counseling. If you are experiencing emotional distress and contact me for support between sessions, I will offer brief recommendations and resources. If we agree, we will schedule an office session as soon as scheduling permits. If you are experiencing a life threatening or urgent mental health emergency, please call 911 or the San Diego County Crisis Line: 888-724-7240.

PROFESSIONAL BOUNDARIES

In alignment with the ethics of the California Association and American Association of Marriage and Family Therapists, I maintain professional and ethical boundaries. To provide the best care and protect the therapeutic relationship, I will hold the boundaries of our relationship and consider your best interests first. During our sessions we will focus on your life, treatment and progress. As a rule, I will not accept invitations to attend clients' personal events such as; graduations, milestone events, weddings, religious celebrations, etc. Additionally, out of respect for your confidentiality, if we run into each other outside my office, you may acknowledge me but I will not be the first to approach you. Please do not be offended, these guidelines are to protect your privacy and the integrity of our therapeutic relationship.

CONFIDENTIALITY-TRUST AND SAFETY

Group therapy is only as effective as the safety of the group. Members need to feel safe to explore and share about their lives and their feelings. Creating that safe space is up to each person in the group. **You agree to keep what is said and experienced in the group confidential and continue to keep that promise after the group terminates.** Groups can be very healing and group members may feel compelled to comment on each other's comments. This makes for a dynamic group however, should you wish to comment to one another, it is expected that you will be respectful and kind.

I AM A MANDATED REPORTER: Information shared with me during group and my written records are confidential and will not be revealed to anyone without your written permission, with the following exceptions:

- You disclose serious intent or plans to hurt yourself or another person, or if you become gravely disabled. In such cases, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others, and to ensure you receive proper medical care.
- If there is reasonable suspicion of child, elder or dependent adult abuse or neglect. As a mandated reporter I must file a report with the appropriate agency.
- In emergency situations, if I believe there is a serious concern for your personal safety, the safety of others, or you receiving proper medical and/or psychiatric care, I may contact 911, the police, the psychiatric emergency response team (PERT), the emergency contact person you provided, or another appropriate contact person.
- Should your therapy records be ordered by the court, or you are in court ordered therapy, I will disclose only the essential information. Should you initiate litigation and place your mental status at issue, the defendant may have the right to obtain your therapy records, as well as request my testimony.
- At times, I may consult with professional colleagues; however your identity will remain entirely confidential. Minors are entitled to the rights and exceptions of confidentiality as adults. Should a parent request information or treatment progress of the minor, I will use my professional discretion and judgment regarding the sharing of such information. **PLEASE NOTE:** *I have strong personal feelings about the safety of minors. While not legally required, I may choose to break a minor's confidentiality, if in my professional opinion, I feel the minor is engaging in dangerous or life altering activities. I will do what I feel is necessary to protect the minor.*

By signing this Informed Consent Agreement on the first page, you agree that all disputes arising out or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by our mutual agreement, and the costs of such mediation shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in San Diego County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. My goal is to provide therapeutic care in such a way as to avoid any dispute. Communication can often help avoid misunderstandings. If you have any questions about your care, please ask.