



ALEX GUTHRIE, MFT 47429

Marriage & Family Therapist

www.SDtherapist.com

3101 Fourth Avenue • San Diego, CA 92103

Tel: (619) 955-0543

Fax: (619) 542-0332

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 reactions you might have with me. THIS BOOKLET IS YOUR RECORD OF OUR AGREEMENT. If we work together, I will ask you to sign an agreement page indicating you have read, understood and have had all your questions answered to your satisfaction. This may seem lengthy but I assure you the information is important for our working together.

LICENSURE AND TRAINING

I am a licensed MFT (MFC 47429) in the state of California. I provide psychotherapeutic services to evaluate and treat individuals with various emotional, mental, relationship, sexual, and spiritual problems. I also have been trained to provide relationship therapy for couples, partners, and families. Since I am not a physician, I cannot prescribe medications, provide you with medications, or perform medical procedures, nor can I do psychological testing. Although I share my office space with other therapists, we each work independently.

SCHEDULING

During our first interview, 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 minutes in length.

1. 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 you are unable to keep your appointment, I ask that you cancel as soon as possible. **If this is done at least 24 hours prior to your appointment time, there will be no charge for the cancellation.**



2. Cancellation without Notice.

If you fail to show up, or if you cancel your appointment with less than 24 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.

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

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

FEES

Fees for therapy services will usually be discussed either on the phone or at our first interview and agreed upon at that time. Payment of fees is requested at the beginning of every session. Checks are preferred and made out to "Alex Guthrie, MFT". 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 longer than 10 minutes will be prorated at your regular session fee. There is a \$10 service charge for all returned checks. Any legal matters I am asked or required to participate in will be billed at \$450 per hour.

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

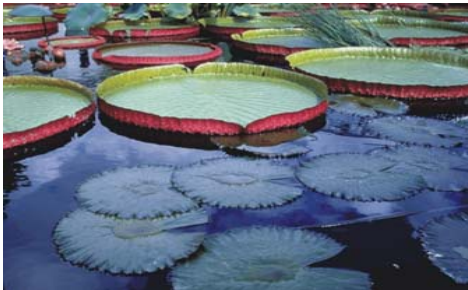
I use a phone voice mail system which you can reach by dialing 619.955.0543. If I have not returned your call within 24 hours, please assume my system isn't working properly and leave me another message. I often check for messages throughout the day from 8:00 a.m. to 8:00 p.m. Tuesdays through Saturdays.

If you are having an emergency, such as suicidal thoughts 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, my colleague G. Michael Scott, MFT will cover for me in case of emergency. His phone number is 619.542.1335. Calls received after business hours will be returned on the following business day whenever possible.

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.



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 and are encouraged 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, the California Association of Marriage and Family Therapists.
5. One frustration of being a therapist is that I cannot now, nor will I

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 notify you verbally, and I encourage you to discuss any reactions with me during the following session.
7. To enhance your therapy, I may 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

Termination is inevitable. It should not be done casually, as it can be a valuable part of our work. Either of us may terminate our work together if we believe it is in your best interest. I ask that we meet for at least one session after you wish to terminate to review our work together, our goals and accomplishments, any further work to be done, and our options. If you would like to take a "vacation" from therapy, for whatever reason, I request you to come in for at least one session to discuss your vacation in person. This meeting ought to be focused on arranging the most productive use of your time while away from your 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 booklet is a SIGNATURE PAGE. Please read it carefully before signing it. This booklet is for your records. The signed page is a record of our agreement for my files. Please sign it and return it to me only after you have read, understood and had all your questions answered to your satisfaction. Thanks.