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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 licensed in the state of California as a Marriage, Family and Child Therapist (MFT 20355). 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. I am also trained and certified as a Bioenergetic Analyst, which enables me to work with the physical manifestations of your character and personality style. I am also trained and experienced in assessing and treating spiritual problems. I am also trained in EMDR (Eye Movement Desensitization & Reprogramming.) Since I am not a physician, I cannot prescribe medications, provide you with medications, or perform medical procedures, nor can I do psychological testing.

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.

CONSULTATIONS

From time to time, I consult with other qualified professionals to seek information or input which may be helpful to my clients. At such times, I change identifying information so as to preserve and protect confidentiality.

FEES

Fees for therapy services will be discussed at our first interview and agreed upon at that time. Payment of fees is requested at the beginning of every session. Check or credit cards are

accepted. 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.

INSURANCE

If you want your medical insurance to cover all or part of your counseling fees, there are a few things you need to know. Different insurance companies have different coverage and deductibles. You'll need to check your insurance booklet or talk with your benefits representative.

1. Insured clients are expected to take care of both the deductible (if any) and their portion of fees as services are rendered.
2. I will supply you with a monthly insurance statement and help you with the insurance claim forms. If the insurance company has forms for me to complete, be certain to complete your portion of the forms, including signature and date, and give them to me at your earliest convenience. Please retain a copy of statements for your income tax purposes.
3. A fee of \$25 will be charged to your insurance company if they request additional documentation beyond my usual monthly statement.
4. **You are responsible for all payments or negotiations regarding settlements of your claim account.** Your eventual reimbursement will be determined by you and your insurance carrier.
5. Professional services are charged to you and not to your insurance company.6. If you are not covered by a third party carrier and your fee has been adjusted due to severe financial necessity, you agree to notify me of any increases in your income, and an appropriate readjustment of your fee will be made.
7. Most insurance companies do not reimburse for couple therapy. You are responsible to check this information with your company or personnel department.

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 542-1335, extension 2 # sign, or 683.9526. 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 9:00 p.m. on weekdays. If you are having an emergency, such as suicide 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, a colleague will cover for me in case of emergency. My colleague's name and phone number will be left on my voice mail message. I am unavailable on weekends except for an emergency. Calls received on Fridays and weekends will be returned on the following Monday.

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.

IMAGO RELATIONSHIP THERAPY

As a Certified Imago Relationship Therapist, I have been trained and certified in this modality of therapy. Imago Relationship Therapy is both a theory and a practice developed by Harville Hednrix and Helen Hunt in the book *Getting the Love You Want*.

Imago therapy requires a commitment from the couple for a minimal number of sessions, usually between 10 and 15, but more sessions may be requested or desirable. Sessions of 75 to 90 minute duration are also desirable. There is also more emphasis on completing activities at home in preparation for your sessions. Imago is primarily a form of dialogical therapy and you and your partner will be assisted and coached in various forms of dialogue to both resolve and heal the issues which lead you to come into therapy.

BIOENERGETIC ANALYSIS

As a Certified Bioenergetic Analyst, I have been trained and certified in this modality of

therapy. Bioenergetics is both a theory and a practice which includes:

1. Focus on thoughts, emotions, sensation and physical experience;
2. Focus on clarifying body experience as it relates to psychological and emotional well being;
3. With your permission, touch, physical support utilizing various movements, exercises and positions designed to charge or discharge your energy;
4. Discovering physical blocking of your energy and releasing both physical and emotional energy through movement and respiration.

If you want to utilize Bioenergetic psychotherapy, you may ask any questions you wish. More casual dress is recommended. Of course you may choose not to utilize this approach.

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 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, and the International Institute for Bioenergetic Analysis, and the San Diego Institute for Bioenergetic Analysis.
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 apprise you verbally, and I encourage you to discuss any reactions with me during the following session.
7. To enhance your therapy, I 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.

8. A few of the professional organizations to which I belong:

American Association of Marriage and Family Therapists
California Association of Marriage and Family Therapists
International Institute for Bioenergetic Analysis
San Diego Institute for Bioenergetic Analysis
Imago Relationships International

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 two sessions 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 experience any negativity with me, please bring those feelings up in your sessions. Working with those feelings can be productive and beneficial. If there is an impasse and you wish to terminate your work with me, I will be happy to give you several referrals. 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.