

Counseling Agreement & Informed Consent Information
Christopher Gettman, LMFT, LLC

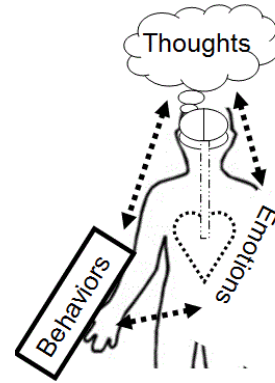
TO: CLIENT NAME(S): _____

This agreement/consent to treatment contains important information, office policies and procedures to review prior to committing to therapy.

QUALIFICATIONS: I am a Marriage & Family Therapist, Hawai'i state license #413. I received my Master's Degree in Marriage & Family Therapy from Argosy University, Hawai'i in 2007 and since then providing counseling support to our Honolulu community for almost 10 years.

TYPE OF THERAPY UTILIZED:

- I provide a strengths-based, personalized yet practical approach to empower clients at their own pace by reconnecting them with the resources within themselves and around them.
- Trained as a family therapist, I carefully consider my client's unique social/family/historical/cultural context and communication style.
- I mostly use a *Cognitive Behavioral* approach where we build awareness to our **behavior** (ie. our choices of routines and reactions etc) our **thoughts** (ie. underlying beliefs, ideas of ourselves our world etc) and **emotional states** that guide us.
- In sessions we review your successes, your needs, work together on updating your inventory of coping tools and strategies, consider plans to move forward such as small changes to routines and/or reconnecting ourselves with helpful friends/family/community/information/supports.
- I work with teens, families, adults of all ages who feel overwhelmed and/or alone. I encourage all my clients to shop around for a therapist or support that best works for them and happy to recommend a network of supports for your unique situation/needs.



CONFIDENTIALITY: All information shared with me is confidential. I must have a signed release in order to share information about you with anyone, including a health insurance provider or other party.

Exceptions: If harm to self (suicide) or another person (homicide) seems imminent, please know that I am required by law to contact local authorities, professionals or other affected people, including family members, friends or the target of intended harm. Should this type of situation occur, I will act with respect, discretion, and with your best interest as well as public safety in mind.

Exceptions for Children (Under 18 years of age): In general, details of what we talk about may be kept private from other adults. I may share general information with your parents in order to assist them in supporting you. I am required by law to report the following to the appropriate agencies: sexual activity if you're under the age of 14; physical, sexual, emotional abuse or neglect; plans of suicide; plans of homicide.

To provide the best treatment, I may consult with colleagues about cases in order to access additional professional resources. If I discuss your treatment in this type of format, no identifying information will be shared.

RISKS & BENEFITS OF TREATMENT: Benefits of treatment include professional assessment of concerns, timely intervention geared to address areas of concern, possible short-term and long-term improvement in various areas of functioning, and coordination of mental and physical healthcare if needed.

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Risks include the loss of confidentiality if information is shared with health insurance or other entities, or if information is subject to later lawsuit such as worker's compensation, criminal action, or divorce. Risks also include the possibility of experiencing uncomfortable thoughts and feelings that may affect your everyday life as challenging issues are identified and worked through. Other risks are that no progress is made despite treatment, and that others may make decisions as a result of participating in therapy that are not what you would choose or desire.

LEGAL INVOLVEMENT: I do not provide testimony or expert witness consultation in court. If this is what you are looking for, I will refer you to another therapist who will be better able to meet your needs. If in the future you summon me to court, signing below indicates your acknowledgement of financial liability for my services involving deposition, testimony, witness or copying of records, at a rate of \$200.00/hour.

COMMUNICATION: My office hours are 4:00pm -7:00pm on weekdays and 11:00am-4:00pm on Weekends. During these times I am often in session. If I'm unable to answer your call, please leave a message and I will make every effort to return your call by 7:30pm the same day or within 24 hours. Regarding length of call, In general, calls over 10 minutes may be prorated at your normal session rate. In this situation we can discuss options to either continue talking at the next session or continue the call.

APPOINTMENTS: Length of sessions vary from 30 to 90 minutes, and intervals between sessions may vary. I use my limited time between sessions to return phone calls and complete case notes. If you are late, the full session rate will still be charged. If I am unable to begin your session on time, I will extend the time if possible or prorate your session if not possible. If you are running 15 minutes late, please call and let me know. Otherwise I will assume you're not coming and may leave my office. When needed, please cancel at least 24 hours in advance or the regular session rate will be charged.

CRISIS: If you are experiencing a crisis and reach my voicemail, please leave a message and I will return your call and arrange to see you in person as soon as possible. If you know in advance of a potential crisis, please let me know and we can plan for it together ahead of time. If you need immediate attention and cannot reach me, the **Hawaii State Crisis Line is 832-3100**. If you are feeling suicidal or homicidal, please call the police (911) as well as someone close to you for support until help arrives.

ABOUT THE THERAPEUTIC RELATIONSHIP: To protect your privacy, I maintain a professional manor outside of the session and decline any social activities. For example if we encounter each other outside of session, I will not acknowledge you. If you choose to acknowledge me I will respond in kind. If a friend or relative is with me they will likely leave without saying hello, not to be rude but in order to preserve your privacy.

POLICY REGARDING SECRETS: When working with two people and responsible for the best interests of both, it is my policy not to keep secrets that if known would cause significant harm or distress to the unaware party. If you share such a secret with me privately, please do so only with the expectation of also sharing the information with the unaware party.

I understand and agree to the above, and have had a chance to discuss any questions or concerns.

CLIENT SIGNATURE

DATE

CLIENT SIGNATURE

DATE

THERAPIST SIGNATURE

DATE