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MENTAL HEALTH DISCLOSURE FORMS

Treatment philosophy-explanation of brief therapy for Insured/uninsured Clients.

Brief therapy is goal-directed, problem focused treatment. This means that a treatment goal or several goals are established after a thorough assessment. A treatment is then planned with the goal(s) in mind and progress is made toward accomplishment of that goal in a time efficient manner. You will take an active role in setting and achieving your treatment goals. Your commitment to treatment plan is necessary for you to experience the most successful outcome. If you ever have any questions about the nature of treatment or your care, please do not hesitate to ask. **Initial here:** _____

Limits of Confidentiality statement.

All information between practitioner and patient is held strictly confidential. There are legal exceptions to this:

1. The patient authorizes a release of information with a signature.
2. The patient's mental condition becomes an issue in a lawsuit.
3. The patient presents as a physical danger to self. (Johnson v County of L.A. 1983)
4. The patient presents as a danger to others. (Tarasoff v Regents of U.C. 1967)
5. Child, Elder abuse and or neglect is suspected. (Welfare & Institution and/or Penal Codes)
6. Current Physical Domestic Violence to a partner or to one another.

In the latter three cases, the practitioner is required by law to inform potential victims and legal authorities so that protective measures can be taken.

All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to a specified person, persons, or agency. If group therapy is utilized as part of the treatment, details of the group discussion are not to be discussed outside of the counseling sessions. **Initial here:** _____

No Secrets Policy and Couples Counseling:

When one person within the couple relationship shares something with this clinician privately and requests that the clinician keep it a secret, the clinician is being asked to do something that is often counterproductive to the goal of an open, honest, couple relationship. As such, it will

be this clinician's policy to decide, on a case by case basis, whether or not to share such information with the other partner or spouse. This applies in situations where one partner begins counseling and then later, their spouse or partner begins to participate in the treatment sessions with this clinician. **Initial here:** _____

Client Litigation

This clinician will not voluntarily participate in any litigation, or custody dispute in which my client and another individual, or entity, are parties. This clinician's policy is to not communicate with a client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in the client's legal matter(s). This clinician will generally not provide records or testimony unless compelled to do so. Should this clinician be subpoenaed, or ordered by a court of law to appear as a witness in an action involving my client, the client agrees to reimburse this clinician for any time spent for preparation, travel—portal to portal, or other time in which this clinician has made himself available for such an appearance at this clinician's usual and customary hourly rate of \$100.00. **Initial here:** _____

Ending Therapy

It is important for you to know that this clinician fully supports the end of therapy when that time comes, for whatever reason. When you are ready, just let this clinician know. You also have the right at any time to ask about your progress in therapy and this clinician's plan of therapy and prognosis. You have the right to end therapy with this clinician at any time without any financial, legal, or moral obligations, other than those you have already incurred. In addition, there are some situations in which I may choose to end therapy with you.

- a. When this clinician believes that therapy is no longer beneficial to you.
- b. When this clinician believes that you will be better served by another professional.
- c. When you have not paid for the last two sessions, unless special arrangements have been made in advance with this clinician.
- d. When you have failed to show up for your last two therapy sessions without 24 hour notice.
- e. If this clinician determines during the first three sessions that he is unable to help you, this clinician can provide you with referrals to others who may be of help to you. **Initial here:** _____

Release of Information

I authorize release of information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation and professional communications. If I am an insured client, I further authorize the release of

information for claims, certification, case management, quality improvement, benefit administration and other purposes related to my health plan. **Initial here:** _____

Emergency Access:

A covering clinician or I am available after hours to handle emergencies. By calling the main office number during after hours, you will be instructed how to contact this clinician or the clinician on call. You may be charged for telephone consultation in excess of 5 minutes. For the emergencies that occur outside of office hours, please contact either 911, call your health insurance emergency number and or go directly to the closest emergency room for a psychiatric evaluation. **Initial here:** _____

Financial Terms:

You are responsible for paying sessions in full at end of each session. All sessions are between 45-50 minutes and the fee for each session is \$100.00 regardless whether it is an initial evaluation, Individual or Couples session. This provider does not bill insurance and all payments need to be made by patient. A HCFA Insurance form will be completed and provided to patient upon request for reimbursement by their insurance provider by patient.

Initial here: _____

Cancellation and Missed Appointment Policy

Scheduled appointment times are reserved especially for you. If an appointment is missed or canceled with less than 24 hours notice, you may be billed according to the scheduled fee and instructions of your benefit plan. Repeated “no show” appointments could result in referring you back to the insurance company for reassignment to another practitioner. **You will be charged \$45.00 for any “No show” appointment or “late cancelled” appointment without 24 hours notice.**
Initial here: _____

Appeals and Grievances-For Insured Clients

I acknowledge my right to request reconsideration (an Appeal) in the case that outpatient care is not certified. I understand that I can request an Appeal directly

services to the patient. I also understand that all policies described in this statement apply to the patient I represent.

_____	_____
Patient Name	Patient's Social Security #
_____	_____
Signature of Legal Guardian/Legal Rep.	Date
_____	_____
Relationship to Patient	Benefit Plan Subscriber Name

Mental Health Benefit Plan	

New or Returning Patient Intake

(To be completed again after a 6 month lapse in treatment)

Patient Name: _____

Street Address: _____

City, State & Zip _____

Cell phone: () _____ **Date of Birth:** _____

Marital Relationship Status: Married _____; Single: _____

Divorced: _____ **Widowed:** _____

Education Level; _____

Who may we contact in an emergency?

Name; _____; Address: _____

Phone () _____ Relationship: _____

Patients Social Security #: _____

Driver's License Number: _____

Employer Name, Address & Phone Number: _____

_____ () _____

Your Household Make Up?

Name:	Age:	Relationship	School Grade (if Child)
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