

**PRACTICE POLICIES & CONSENT FOR TREATMENT**

**Length of Sessions:** The initial session generally takes 90 minutes. Following sessions may be scheduled for 50 to 90 minutes, or more, depending on client needs, patterns and schedule.

**Confidentiality:** The rule is that our conversations, the information in them, and the fact that we have them is confidential. This applies to family members as well. Only your signed Consent to Release Information allows information to be shared with anyone other than **Exceptions** noted under Professional Disclosure.

**Professional Records:** You are entitled to receive a copy or summary of your records, but it is recommended you review them with me if there is any question. As noted above, your records, both written and verbal, remain confidential, with certain exceptions noted, such as Court Orders or in case of legal complaints or ethical complaints under Disclosure.

**Payment of fees:** Payment is expected at the time of our sessions, unless we make other arrangements. A "Superbill" can be provided for your insurance.

**Insurance:** The intricacies of insurance compensation require clarification from the beginning concerning medical referral, approved licensure, limitations, deductible, percentage of fee paid, co-pay amounts, waiting periods, total benefits, etcetc. A separate form covers insurance information.

**Cancellations:** Please cancel or reschedule appointments 24 hours prior to the time scheduled. Otherwise a fee could be charged. If I am able to fill your appointment time, you will certainly not be charged. Cancellations in an emergency are not subject to fees.

**Emergencies:** I do attempt to be available by telephone for crisis situations, and answer messages as soon as possible, generally within 24 hours. Due to schedule conflicts, this can take more time for us to connect. In extreme situations where health and welfare could immediately be affected go to an Emergency Room or hospital offering assistance, or call a local hotline number.

**Telephone contact:** Due to the number of calls made, it is necessary to limit time on the telephone. Calls over ten minutes may be pro-rated at the hourly fee. When I am unavailable for extended times, I arrange for coverage to answer urgent questions. At any time, 911 is the immediate resource for extreme emergency.

**Internet Contact:** Be aware that email or text content may not be entirely secure or confidential, and any information exchanged also becomes part of your legal record. It is my practice to limit electronic exchange to making or changing appointments, except for doing encrypted Online Therapy.

I have discussed Professional Policies and Disclosure Statement with Paul Gessford MFT MAC, including lengths of sessions and treatment, confidentiality and exceptions, payment of fees and use of insurance, cancellation arrangements, emergencies and telephone and internet contact, and I authorize him to provide psychotherapy and/or evaluation for me and/or my dependent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Client)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Legal Guardian)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Therapist)

**PROFESSIONAL DISCLOSURE**

I am a Marriage and Family Therapist and Addictions Therapist licensed by the Wyoming Mental Health Professions Licensing Board; and also a Master Addiction Counselor credentialed by the National Association for Alcoholism and Drug Abuse Counselors. I received a Masters Degree in Counseling at the University of San Francisco in 1986.

The Wyoming Mental Health Professions Licensing Board and The National Certification Commission for Addiction Professionals regulate the practice of Mental Health and Addiction Professionals. Concerns or Complaints regarding this Practice can be directed to:

WY Mental Health Professions Licensing Board 2001Capitol Ave, Room 104 Cheyenne, WY 82002 Phone: (307) 777-3628 Fax: (307) 777-3508	Nat'l Certification Commission for Addiction Professionals 44 Canal Center Plaza, Suite 301 Alexandria, VA 22314 Phone: (703) 741-7686 Fax: (703) 741-7698
---	--

Therapy can be a rewarding as well as intensely personal experience and is guided by the **Code of Ethics** of both the American Association of Marriage and Family Therapists and the National Association for Alcoholism and Drug Abuse Counselors. I adhere to both. The Therapeutic Relationship is protected as a Professional one, and any 'Dual Relationship', whether it be friendship, business or sexual intimacy is not appropriate nor is it allowed.

**Confidentiality:** The rule is that our conversations, the information in them, and the fact that we have them is confidential. This applies to family members as well. Only your signed Consent to Release Information allows information to be shared with anyone.

**Exceptions:** If you are an immediate danger to yourself or others;  
If you are 'gravely disabled' (unable to provide for food, clothing and shelter);  
If there is reason to suspect abuse or harmful neglect of children, the elderly, or the disabled/incompetent may be occurring;  
If there is a subpoena with a court order for records.  
**Then**, in these cases, I am legally bound to respond to the appropriate authorities.  
However, in any case, your informed consent remains my first priority.

**Additionally:** You retain the right to privacy in Legal Proceedings (civil, criminal, juvenile, or administrative) unless the following specific circumstances exist:

- The validity of a will of a former client is contested;
- Information related to counseling is necessary to defend against a malpractice action brought by a client;
- The client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation;
- Investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue.

This disclosure statement is required by the Mental Health Professions Licensing Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client / Legal Guardian)