

**Allison Gervais, M.S., LMFT**

*Psychotherapist*

Marin Mental Wellness

415.218.5401

555 Northgate Drive, Suite 104

San Rafael, CA 94903

allison@marinmentalwellness.com

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## **Office Policies and Consent to Treatment**

Welcome to my psychotherapy practice. This document provides you information about my practice, policies, and procedures. Please let me know if you have any questions or would like more information. When you sign this document, it will represent an agreement between us.

### *Benefits and Risks of Psychotherapy*

Participation in therapy can result in a number of benefits to you, including decrease of unwanted symptoms, problem-solving related to what led you to seek therapy, improved relationships and increased positive outlook in various areas of your life. Psychotherapy requires active, genuine participation in order to effectively change your thoughts, feelings, and/or behavior and see progress in treatment.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in you experiencing strong feelings, anxiety, depression, insomnia, or other undesired symptoms. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. There is no guarantee that psychotherapy will yield positive or intended results.

### *Confidentiality*

As a psychotherapy client, our communication is confidential. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, or is gravely disabled.

Information about my professional background, experience, education, and my areas of specialty can be found at my website, [www.marinmentalwellness.com](http://www.marinmentalwellness.com). We can also discuss this information at the first session. Please feel free to ask any questions you have about your therapy at any time.

If you are using health insurance, please keep in mind I will disclose the required information for you to access services and billing purposes. This includes providing identifying information and diagnosis for authorization and continued services.

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### *Professional Consultation*

I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never used to protect your confidentiality.

### *Patient Litigation*

I do not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with your attorney and typically will not write or sign letters, reports, declarations, or affidavits or testify in court with regard to your legal matters. If I am subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate of \$145.

### *Social Media*

I do not accept friend or contact requests personally or professionally from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. I will not prevent you from nor will I solicit Facebook "likes" on my business page, "follows" on Twitter, or other type of social media interaction. Please keep in mind that in doing so you may lose some of your confidentiality as my client.

### *Payment and Financial Arrangements*

My standard fee is \$145 for a 55-minute session and \$75 for a 25-minute phone or video "check-in" session. I accept cash, checks, and credit cards. Full payment is expected at the time of service. By paying with check or credit card, your name is associated with my business, thus you do compromise confidentiality of seeking psychotherapy.

I do not permit clients to carry a balance of more than two sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause or discuss another strategy to continue therapy. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments.

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### *Insurance*

I accept some types of health insurance so please inquire. I will ask for your insurance information prior to our first session to check authorization. I also provide billing statements if you wish to submit to your insurance company for reimbursement. It is your responsibility to verify the specifics of your coverage prior to and during treatment.

### *Cancellations and Lateness*

I kindly ask, at minimum, for a 24-hour notice of cancellation. Because therapy tends to be most effective if we meet on a weekly basis, I will do my best to reschedule your appointment within the same week.

If you are running late for your appointment, please phone me as soon as you can. If I do not hear from you by 10-minutes into your session, I will attempt to call you. If you are late for your session, we will still end at our regular time so that I can be on time for my next appointment.

In addition to in-person sessions, I also offer psychotherapy via confidential video or by phone. This provides options if you cannot attend an in-person session due to a busy schedule, illness or any other reason. I use a confidential, HIPAA-compliant video platform, which you will need to login to, or we can talk by phone. Please find a quiet space and consider your privacy when using this type of therapy. If there are technical difficulties with a video session, you will, in lieu, agree to a telephone session.

### *Email, Phone Calls, and Emergencies*

You are welcome to email me for questions regarding appointment scheduling and billing. I receive and return emails each business day unless I am on vacation. Please do not use email for clinical matters.

If you need to contact me on occasion between sessions about a clinical matter, please leave a message for me at 415-218-5401. I check my messages on business days excluding vacations and holidays. Telephone calls exceeding 10-minutes in length will incur a prorated charge based upon my hourly rate of \$145. Please keep in mind this policy extends to my time listening to phone messages and reading emails.

If your situation is a psychiatric or medical emergency and you need to talk to someone right away, contact the closest 24-hour emergency psychiatric service or dial 911.

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*Termination and Follow-Up*

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss your progress and maintenance plan and decide whether a regularly scheduled "booster session" might be beneficial to you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least one termination session.

You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

I reserve the right to terminate therapy at my discretion, and, in all cases, I will attempt to ensure a smooth transition by offering you referrals to other therapists and services.

*Therapist Communications*

I may need to communicate with you by phone, email, or other means. Please initial the means of communication below, indicating that you consent to being contacted by me using that method of communication. Any items not initialed will not be used.

Please note that the confidentiality of text and email messages cannot be guaranteed.

\_\_\_\_\_ My therapist may call/leave a message for me at my

home: \_\_\_\_\_

\_\_\_\_\_ My therapist may call/leave a message for me on my cell

phone: \_\_\_\_\_

\_\_\_\_\_ My therapist may communicate with me via text message to the above cell phone number.

\_\_\_\_\_ My therapist may call/leave a message for me at

work: \_\_\_\_\_

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\_\_\_\_\_ My therapist may communicate with me by

email: \_\_\_\_\_

\_\_\_\_\_ My therapist may send a fax to me. My fax number

is: \_\_\_\_\_

### AGREEMENT

Your signature below indicates that you have read the above information and have had the opportunity to have any of your questions answered.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Therapist Signature Date