



Sloan Gorman

Licensed Clinical Social Worker

CONSENT FOR TREATMENT

Sloan Gorman offers counseling and neurofeedback services to individuals, couples, and families as a licensed clinical social worker, license #77773.

To be successful, the therapeutic process requires a commitment from both of us. I agree to act in an ethical manner, and to treat you with respect and dignity. So that you may fully realize the benefits of therapy I ask that you agree to the following: Arrive on time for your appointments. If you are more than 15 minutes late and have not notified me I will consider the session canceled without notice.

Call or email a minimum of 24 hours in advance if you must cancel or change a scheduled appointment. Failure to provide advance notice will require a payment for the missed session. Fees are based on a 50 minute hour and are to be paid at the end of each session.

CONFIDENTIALITY

With the exception of the specific exceptions below we agree that you have the right to confidentiality to your therapy. I cannot and will not tell anyone what is discussed, or even confirm that you are in therapy with me, without your prior written permission.

Under the provisions of the Health Care Information Act of 1996 I am permitted to speak to another health care provider or a member of your family without your prior consent only in the case of an emergency.

The following are legal exceptions to your right to confidentiality: If I have good reason to believe you intend to harm another person I must attempt to contact that person and warn them and contact the police. If I have good reason to believe that you or someone you report to me is abusing or neglecting a child or a vulnerable adult I must inform protective services within 24 hours. If I believe you are in imminent danger of harming yourself I may break confidentiality and call the crisis team or police. Your therapy records may be subject to subpoena if you are a plaintiff in a civil case or if you are the defendant in a criminal case. To best protect our work together I will not willingly participate in any court proceedings of any kind, including divorce or child custody disputes. Part of the ethical practice of therapy may also involve professional consultation with other licensed professionals. In such cases every effort is made to conceal your identity in order to protect your confidentiality.

How I work: As your therapist, I want to work for your highest good. You may invite anyone you like to attend a therapy session with you. Please share your questions, concerns, or suggestions about any aspect of your therapy with me.

PHONE/EMAIL CONTACT

My phone number is 707-789-7894. This number has voice mail which is checked regularly. This number does not accept text messages. Please expect to have your call returned within 24 business hours. If there is an emergency please call 911 or the Sonoma County Mental Health Hotline: 707-576-8181. My email address is sloangorman@gmail.com. Email is to be used for practical information like scheduling sessions and otherwise not for contact in between sessions unless we have agreed to exceptions to this beforehand.

TERMINATION

The decision to end therapy may be initiated by you or me. My goal is to make this process as mutual as possible. Termination is as important as any other phase of therapy. Ideally we make time to discuss it during a counseling session to bring closure to our work together. If appropriate we can clarify your needs and I can give you referrals. I may terminate therapy if you are delinquent in your payments or it is my determination that therapy isn't working for you and you would be better served with a referral to another provider. You may terminate therapy with me for any reason at any time.

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830. My name registered with the Board is Mary Sloan Gorman. My license renewal is July 31st yearly.

CONSENT

This agreement is to provide a clear understanding between the therapist and the client. I will be happy to speak to you regarding any questions you may have about these policies.

I read, understand, and agree to abide by these policies.

Signature

Date