



Office Policies & General Information

AGREEMENT FOR PSYCHOTHERAPY SERVICES

To My Clients: Welcome! The decision to explore psychotherapy is a significant personal step. Because trust and rapport are essential, I hope a few words about me and my approach might help. To make sure that the financial and other arrangements involved in our contact run smoothly, I want you to know about my main policies. Please feel free to discuss any questions or concerns with me. I am looking forward to working with you and assisting you in meeting your goals. We will develop a treatment plan together to focus on solutions for the problems and concerns identified.

My Approach to Therapy: Overview of Gottman Method Couples Therapy

The Gottman Method of Couples Therapy is based on Dr. John Gottman's research that began in the 1970's and continues to this day. The research has focused on what makes relationships succeed or fail. From this research, Drs. John and Julie Gottman have created a method of therapy that emphasizes a "nuts-and-bolts" approach to improving clients' relationships.

This method is designed to help teach specific tools to deepen friendship and intimacy in your relationship. To help you productively manage conflicts, you will be given methods to manage "resolvable problems" and dialogue about "gridlocked" (or perpetual) issues. We will also work together to help you appreciate your relationship's strengths and to gently navigate through its vulnerabilities.

Gottman Method Couples Therapy consists of five parts:

- Assessment
- Treatment
- "Phasing Out" of Therapy
- Termination
- Outcome Evaluation

Early in the assessment phase, you will be given some written materials to complete that will help us better understand your relationship. In the first sessions we will talk about the history of your relationship, areas of concern, and goals for treatment.

In the next session, I will meet with you individually to learn each of your personal histories and to give each of you an opportunity to share thoughts, feelings, and perceptions. In the final session of assessment, I will share with you my recommendations for treatment and work to define mutually agreed upon goals for your therapy.

Most of the work will involve sessions where you will be seen together as a couple. However, there may be times when individual sessions are recommended. I may also give you exercises to practice between sessions.

The length of therapy will be determined by your specific needs and goals. In the course of therapy, we will establish points at which to evaluate your satisfaction and progress. Also, I will encourage you to raise any questions or concerns that you have about therapy at any time.

In the later stage of therapy, we will "phase out" or meet less frequently in order for you to test out new relationship skills and to prepare for termination of the therapy. Although you may terminate therapy whenever you wish, it is most helpful to have at least one session together to summarize progress, define the work that remains, and say good-bye.



Center for Mental Health and Wellness

In the outcome-evaluation phase, as per the Gottman Method, four follow-up sessions are planned: one after six months, one after twelve months, one after eighteen months, and one after two years. These sessions have been shown through research to significantly decrease the chances of relapse into previous, unhelpful patterns. In addition, commitment to providing the best therapy possible requires ongoing evaluation of methods used and client progress. The purpose of these follow-up sessions then will be to fine-tune any of your relationship skills if needed, and to evaluate the effectiveness of the therapy received.

Assessments and Fees

Fees for the assessment of your therapy are based on the number of hours needed to complete the three-step process. Generally, the assessment requires about 4 to 4 ½ hours in 3 to 4 in-office sessions. It also requires 1 to 2 hours of paperwork.

The components of the assessment are as follows:

Session #1	Intake Interviews	75 minutes
Session #2	Individual Interviews	45 minutes/ ea. (90 total)
Session #3	Treatment Planning	75 minutes

Fees for services per session:

Couples Therapy Session	75 minutes, \$225.00
Individual Therapy Session	45 minutes, \$140.00

***Please note that there is an additional \$29.00 fee for the Gottman Assessment Questionnaires paid to The Gottman Relationship Checkup site following the initial couples therapy session.

Payment is expected at the time of service. We accept cash, check or credit/debit cards.

Psychological Services: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the patient(s) and the particular problems you bring forward. Psychology is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience and couples therapy is not a guarantee of relationship success.

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see Notice of Privacy Practices form).



Center for Mental Health and Wellness

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I, **Kimberly Panganiban, MFT** (hereafter indicated as “your provider”) will use my clinical judgment when revealing such information. Your provider will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

*Considering all of the above exclusions, if it is still appropriate, upon your request, your provider will release information to any agency/person you specify unless she concludes that releasing such information might be harmful in any way.

Confidentiality of E-mail, Cell Phone and Fax Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify your provider at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail, text message or faxes for emergency communication with your provider.

Emergencies: If there is an emergency during our work together, or in the future after termination, when your provider becomes concerned about your personal safety, the possibility of you injuring someone else, or to ensure you receive proper medical and/or psychiatric care, she will do whatever she can within the limits of the law, to prevent injury to yourself or others. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

Cancellation of appointments: Therapy is most effective when sessions are regular and consistent. Since scheduling an appointment involves the reservation of time specifically for you, **a minimum of 24 hours notice is required for re-scheduling or canceling an appointment.** Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions. When we have agreed on a schedule, I ask that you be financially responsible for the time(s) with the following exceptions:

1. An emergency (accident, sudden illness) about which I am promptly notified.
2. I am able to reschedule you for a different hour in the same week.
3. I am able to fill the scheduled hour.
4. You cancel a minimum of 24 hours in advance

Telephone Procedures: If you need to contact **Kim Panganiban, MFT** between sessions, please leave a message and your call will be returned within 24 hours on working business days. Messages are checked frequently. Please only text regarding appointment changes or inquiries.

Additional Emergency Procedures: When you are unable to reach Kim Panganiban or the covering provider and you have a Medical or Psychiatric Emergency, please follow the procedure below:

- Call 911 or go directly to your nearest Emergency Room.
- Call the Crisis Hot Line – 1-888-724-7240
- Call your Psychiatrist : Name _____ Phone # _____
- Call your Medical Doctor: Name _____ Phone # _____



Office Hours:

- Monday: 8:15am to 1:15pm
- Tuesday: 8:30am to 6:00pm
- Wednesday: 8:15am to 1:15pm
- Thursday: 8:15am to 1:15pm
- Friday: 8:15am to 1:15pm

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on your provider to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Termination: As therapy progresses, your provider will continually assess your progress with you. After significant progress has been made, you and your provider may decide to lengthen the time between appointments, to further establish and maintain the gains you have made before ending therapy. Your provider sees termination of therapy as most helpful when it is a process that takes place over several sessions, and will encourage you to take the time to review and acknowledge your progress. Four weeks of the termination process is usually recommended for group therapy. You may, of course, terminate therapy at any time. If, at any point, your provider assesses that she is not able to be effective in helping you reach your therapeutic goals, she will discuss this with you and explore options, including revisiting your original goals, recommending a higher or different level of care, or referring you to a colleague with a different approach. Should termination be the outcome Kim Panganiban will offer you several referrals.

I look forward to being of service to you, and encourage you to actively participate in your treatment planning. You are invited to discuss any questions or concerns you may have about these policies or about the therapeutic process.

I have read and understand the above. I have been given a copy of this document and agree to the conditions outlined.

Client name (print)	Date	Signature
---------------------	------	-----------

Client name (print)	Date	Signature
---------------------	------	-----------

Kimberly Panganiban, LMFT, MFC 52717	Date
--------------------------------------	------