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INFORMED CONSENT AGREEMENT

WELCOME

Welcome to my practice! I appreciate your trust and the opportunity to work with you.

This document is designed to answer some frequently asked questions about my practice and our relationship, so please read all of it. As you read, please feel free to mark any information that is not clear to you or write in any questions that come to your mind so that we can discuss them. I ask that you read this document in order to indicate your understanding of my office's procedures and your willingness to abide by these policies.

TREATMENT

I am a Licensed Psychologist who practices creative arts therapies, mindfulness approaches, and sensorimotor psychotherapy in addition to traditional verbal therapy. I studied dance/movement therapy approaches at the University of California, Los Angeles, hold Master's and Doctorate degrees from the California School of Professional Psychology in Los Angeles, and am currently receiving training and consultation in Sensorimotor Psychotherapy. I work with children and adults in individual, couples, and family therapy. I offer traditional verbal therapy, at times combined with the use of mindfulness-based approaches and movement and other creative expressions, to facilitate clients' increased awareness of personal thoughts, feelings, beliefs, behaviors, and interactions.

Because therapy is a large commitment of time, money and energy, a therapist should be carefully chosen. I believe you should be comfortable and optimistic about the therapist you choose, although at times our work together may be difficult. You have the right to ask me about other treatments and their risks and benefits. If you might benefit from treatments I cannot provide, I have both an ethical obligation and personal commitment to assist you in searching for those treatments.

Psychotherapy requires your active involvement and efforts to understand your thoughts, feelings, beliefs, and interactions and to change your behavior. There are no instant, painless, or passive cures that can relieve us of our pain immediately. Over time, I will ask for your feedback about the progress we are making and other aspects of our work. Offering your views and responses when they are important to you, even if I don't ask, is one of the ways you are an active partner in our work together.

In addition to the work done during the session, there might be additional activities such as homework assignments, exercises, and record keeping. You will probably have to work on relationships and make long-term efforts. Change may sometimes be easy and swift. More often it may be slow and frustrating.

Therapy is a collaboration. With the help of the therapist, the client (whether an individual, a couple, or a family) defines the problem areas to be worked on, the therapist offers assistance in understanding the problem in order to make the desired changes, and a plan for treatment may be devised. This plan may change somewhat as we progress in our work.

If you are thinking of entering psychotherapy, you may be feeling depressed, discouraged, frightened, or anxious. Your difficult feelings may be connected with self-destructive behaviors that you can't seem to stop, or to misunderstandings within your relationships. You may have found it difficult to go on with life after the loss of a loved one. Your anxiety may be a result of how much you worry about how your body looks or what other people think about you. You may feel at odds with your family, other people, or the environment around you because of issues of diversity, ethnicity or acculturation.

In therapy, we can work together to understand how life events may interfere with your wellbeing. We will talk about your thoughts and feelings in an atmosphere of safety and acceptance. Sometimes words may not be enough to communicate and understand the source of your discomfort. Then, movement and expressive arts may be used to further explore your feelings, thoughts, beliefs, and interactions.

There are benefits and risks associated with psychotherapy. Risks may include experiencing uncomfortable levels of feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness; recalling unpleasant aspects of your personal history; taking time out from work or school. Benefits of psychotherapy range from feeling better equipped to navigate through life, to becoming less depressed or anxious, or becoming less worried or angry about your life circumstances. You may find yourself better able to communicate with your family, partner, children, boss, co-workers, and friends.

APPROACHES

Psychodynamic psychotherapy is carried on through the process of examining feelings, thoughts, beliefs, and interactions and putting them into words, connecting personal history with current life events and relationships. Sometimes words are not enough to clarify the source of the discomfort. While words are necessary to delve into personal life stories, at times, movement, sensory body-oriented processing, and expressive arts can be used in order to further explore what might be interfering with life being lived at its full potential.

You are the one who chooses whether to use movement and the creative arts along with words or not. Whatever approach we agree to use at any moment, my goal is to help you understand your needs, feelings and longings in an atmosphere of safety, open acceptance and communication.

MEETINGS

I usually schedule a weekly fifty-minute session with clients in individual, couples, or family sessions. If we decide to add a creative arts focus, we may then meet for seventy-five minute sessions. We will schedule our meetings cooperatively for our mutual convenience. I will inform you in advance about the times I will not be in the office. Feel free to ask about my schedule in making your own plans.

An appointment is a commitment to our work and a contract between us. We each agree to be here and on time. If you are late, we will be unable to meet for the full time scheduled. Your session time is reserved for you. A missed appointment is an interruption in our work, which will delay completing it. I ask that you inform me at least 24 hours in advance (by phone or e-mail) if you can't keep your appointment. Occasionally, there may be emergencies that will prevent us from meeting as arranged. If I have an emergency, I will do my best to inform you promptly so that we can reschedule our time together. If you have an emergency, I expect you to do the same. If I cannot fill the hour or if we can't reschedule our work within the week when you cancel your appointment without 24 hours notice, you may be charged your regular session fee for the missed appointment.

FEES, BILLING, INSURANCE, AND PAYMENTS

In any professional relationship, payment for services is an important issue. This is perhaps even truer in therapy, where clarity of relationships and responsibilities is a goal of treatment. You are responsible for assuring that services are paid for. Unless otherwise arranged, my current fees are \$300 for the initial intake session, \$200 for a regular fifty-minute session, and \$300 for an extended, seventy-five minute session. Payment for services is due at the end of each session. Please make checks payable to Dr. Cathie Gum. Fees may also be paid in cash or by credit card. Approximately once a year, fees may increase and you will be notified in advance of the change.

Currently I am a provider for BlueShield and Aetna. If you are a member of these networks, I will be happy to submit claims on your behalf. You will be responsible for any deductible you may have and any co-pay or co-insurance your mental health plan requires. Each month your insurance company will send you a statement indicating the dates of our meetings, the amount of coverage provided by your insurance company, and the amount of your co-pay or co-insurance.

If you are a subscriber to any other health insurance company (which may pay a portion or all of my fee), I will help you with your insurance reimbursement claim forms. However, please bear in mind that you are responsible for paying the fees we agreed upon, whether or not your insurance reimburses you for my services. I expect full payment for each session. Each month I will give you a statement indicating the dates of our meetings and their charges. This statement may be submitted to your insurance company for reimbursement along with the forms your insurance company requires. If your insurance company requires a detailed report that takes me substantial time to prepare, I will charge you for the time involved, at my customary hourly fee.

If there is any problem with my charges, billing, your insurance, or any other point, please bring it to my attention. I will do the same with you. Such problems could otherwise interfere with our work and must

be resolved openly and as soon as possible. Our agreed-upon financial relationship will continue in effect as long as I provide services to you or until we mutually agree to terminate our work together. If for any reason you decide to neglect your financial responsibilities, your outstanding balance will accrue monthly charges and your account may eventually be turned over to a collection agency.

CONTACTING ME

Out of consideration for the person I am working with, I do not take phone calls when I am in session. But as soon as I can, I will pick up your message and return your call. At times, it may be necessary to talk to me between our regular sessions. I will not charge for brief calls made for the purpose of scheduling. Unless otherwise agreed upon, extended periods of time spent on the phone consulting about specific concerns will be pro-rated at your usual session fee.

If you call me when I cannot answer the phone, you will hear my voicemail message. Please leave a message that includes your full name, area code, phone number, best times to reach you, and indicate whether or not your call is an emergency. I check my messages regularly and will return your call as soon as possible, unless I am out of town. If your call is an emergency and I do not call back within one hour after your message, I encourage you to call the crisis line (800- 273-TALK) or to go the nearest emergency room and ask for the psychiatrist or psychiatric resident, or call 911. Please do not use e-mail for emergencies. If I have not returned your call within 24 hours on a weekday that I have not informed you that I will be out of town, please call again, as there may have been a voicemail failure.

I may use e-mail to remind you of an upcoming appointment or to reschedule one. Sometime I use e-mail to send you resources or articles relevant to our continuous work. As you may know, communication over the Internet may not be completely confidential. Please let me know if you prefer that I do not contact you by electronic means.

CONFIDENTIALITY

I regard the information you share with me with the greatest respect so I want us to be as clear as possible about how it will be handled. The privacy and confidentiality of our conversations are privileged, legally protected by federal and state law and by my profession's ethical principles, in all but a few rare instances.

By law, I am required to break confidentiality if I believe you intend to harm yourself or another person or if I believe a child (or elder) has been or will be abused or neglected. If you have concerns about confidentiality please raise them with me so that we may resolve them and proceed with our work together.

If we have agreed and arranged for your insurance company to receive my statements of services provided, which either you will mail to them or I will submit (if you are a member of BlueShield or Aetna), my statements of services indicate the dates of our appointments, my charges, and a psychiatric diagnostic code, if you qualify for one. Although the insurance companies assure that their systems are safe and secure, occasionally there might be glitches in the transmission of data, which may result in a confidentiality breach. At times insurance companies request a treatment plan in order to authorize continued treatment. On some occasions, as part of their cost containment efforts, your insurance company may ask for more detailed information about your symptoms, diagnosis and my treatment methods. I will let you know if this occurs. Then, I will either give you my report and ask you to send it to them or I will submit it as per your provider network's policy.

If your account is turned over to a collection agency, your personal contact information will be disclosed to a third party and may no longer be kept confidential.

There are two other circumstances in which I might discuss some aspects of our work with a colleague, and I ask for your understanding and agreement in advance to allow me do so. For example, if during my vacation or time away from my office, you meet with a colleague who is filling in for me, I will need to speak with him or her in order to stay current with your progress.

Occasionally, I consult on cases with colleagues or specialists (who are also ethically required to maintain your confidentiality), so some aspects of our work may be shared. Your personal identifying information will never be revealed in such circumstances. I may consider making an audiotape (or videotape) record of our sessions. If so, I will discuss this with you ahead of time. Reviewing the tape with my consultant will assist me in working with you. I will ask your permission to do this while assuring you that nothing more than is absolutely necessary to understand your situation will be shared with my consultant and

that he or she is also legally and ethically pledged to respect your privacy and confidentiality. You may refuse to have a recording made or insist that it be edited.

Otherwise, I do not and will not tell anyone anything about your treatment, diagnosis, history, or even the fact that you see me, without your full knowledge and a signed *Release of Information* document.

YOUR PROGRESS RECORDS

I often take notes to chart the progress we are making. Should you need it, I will prepare a summary of our work together, for your review or (only with your written permission) for another professional. You will be charged at your regular session fee for the time it takes me to complete the report.

TERMINATION

Ideally, termination is a mutual and gradual decision that comes at an appropriate time based on the work accomplished in therapy. It is a process of evaluation and closure. I find that a minimum of four weeks should be spent on a successful termination. If, however, circumstances require a sudden termination, it is my policy to meet with you for at least one termination session.

ADDITIONAL ITEMS

Although I share the office suite with other therapists, each of us operates independently and is solely responsible for the quality of care provided.

It is possible that, if you are married or have children, you may become involved in a divorce or custody dispute. If this occurs, I will not be available to provide expert testimony in court, and you should separately engage a court-appointed child custody evaluator. This is for two reasons: (1) my evaluations will be seen as biased in your favor because we have a therapeutic alliance, and (2) the testimony might negatively affect our therapeutic relationship.

Psychotherapy implies a trusting and open relationship as well as one of safety and confidentiality. For these reasons, psychotherapists do not have business or other relationships with their clients besides the therapeutic one, except under certain circumstances that are unavoidable. If we happen to unexpectedly meet outside of session, I will leave it up to you to decide whether you and I will interact. Should the need arise, this is an issue we can discuss during our sessions to determine the best way of handling it.

In my professional practice as a therapist, I do not discriminate in accepting and working with clients on any of these bases: age, gender, marital status, race, color, religious beliefs or creed, belief, ancestry, national or ethnic origin, ethnicity, location of residence, physical or mental disability or handicap, veteran status, sexual orientation, or health status. This statement is both a personal commitment and is made in accordance with federal, state and local laws and regulations. If you believe that I have acted otherwise, I am open to discuss the matter with you at any time.

MEDIATION

In the event a dispute arises between you and me, we will participate in at least four hours of a mediation process. We will share equally in the costs of mediation. A certified mediator to be agreed upon by both of us shall administer the mediation. Mediation involves sitting down with an impartial person, the mediator, to attempt to reach an agreement on a dispute, and producing a voluntary settlement. Mediation involves no formal court procedures or rules of evidence, and the mediator does not have the power to render a binding decision or force an agreement on the parties. We agree to participate in mediation in good faith and undertake to abide by the terms of any settlement reached. If mediation fails to resolve the dispute, the matter will then proceed to arbitration and/or court.

I have carefully read the above *Informed Consent Agreement* (which totals 4 of 5 pages, with information requested filled out on the following page 5). I understand and agree with it:

Client name (please print)	Signature	Date
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or Legally Authorized Representative, if applicable (please print)	Signature	Date
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Therapist name (print)	Signature	Date
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To assist in our work together, please provide the following information:

CONTACT INFORMATION

Person living in the local area designated by you as an emergency contact:

First Name	Last Name	Relationship to you	
Address	City	State	Zip
Cell Phone	Home Phone	Work Phone	

Living relative designated by you as an emergency contact:

First Name	Last Name	Relationship to you	
Address	City	State	Zip
Cell Phone	Home Phone	Work Phone	

MEDICAL & MENTAL HEALTH INFORMATION

Your Primary Physician:

Physician's Name	Office Address	City	State	Zip	Office Phone
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Please list any illnesses, injuries, or recent surgeries or hospitalizations and their dates: _____

Medications you are currently taking: _____

Your Psychiatrist (if you have one):

Psychiatrist's Name	Office Address	City	State	Zip	Office Phone
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Please list any psychiatric medications you are currently taking: _____

Please list any psychiatric hospitalizations and their dates: _____

Please describe anything else that you would like me to know: _____
