

## Office Polices, Procedures & Consent to Treatment

**The Benefits and Risks of Therapy:** As with any treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives.

While you consider these risks, you should know also that the benefits of therapy have been shown by hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

**Consent to Treatment:** I (the client or client's guardian) acknowledge that I have read (or have had read to me), and understand the information about Dr. Gutkin and his work presented on [www.DrGutkin.com](http://www.DrGutkin.com) and/or other information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by Misha Gutkin, PhD. I understand that developing a treatment plan with Dr. Gutkin and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Dr. Gutkin.

**Confidentiality:** In general, everything about the professional relationship with Dr. Gutkin is confidential and will not be disclosed to anyone without a written permission, including the fact that you or your child is being seen for therapy or psychodiagnostic evaluation.

Under California law exceptions to this rule are the following:

- If there is a reasonable suspicion of child abuse or neglect, or abuse or neglect of an elderly or a dependent adult, a report must be made;
- Should there be a threat to harm another person, that person and the police will be informed;
- Court order
- If a client is in danger of intentionally harming him/herself or is unable to care for him/herself, appropriate help will be sought on his/her behalf.

When I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

