Client Contract - Adult

Client Name: Preview

Informed Consent and Disclosure Statements

Welcome to my practice. This document contains important information about my professional services and policies. Please read the entire document carefully and ask any questions you have regarding its contents.

Information About Me

I am a Licensed Marriage and Family Therapist in California, License #128899. I have a Master of Science degree in Marriage, Family and Child Counseling from San Francisco State University, and I have been practicing therapy since 2014. I primarily utilize Narrative therapy, Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), and Interpersonal Therapy in my work. I work with adults experiencing depression, anxiety, OCD, grief, and life transitions. I have special interest in women's issues, pregnancy/postpartum, PMDD, perimenopause/menopause, infertility, and pregnancy loss. Please let me know if you have any questions about my professional background.

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. We are partners in the therapeutic process. As partners, we will work together to develop a plan for your treatment. Based on the information you provide to me and the specifics of your situation, I will offer feedback and recommendations regarding your treatment and progress.

Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. While I hope our work together will be effective, the amount and length of treatment varies from client to client. I am unable to predict how long you will be in therapy or guarantee a specific outcome or result of our work together.

Therapy sessions are approximately 53 minutes each. Typically, sessions are scheduled once per week, at the same day and time each week. Consistent attendance contributes greatly to a successful outcome.

Fees and Insurance

The fee for service is $160 per individual therapy session. If you are late for the scheduled session and we are unable to complete the full 53 minute session then you will be charged for the full session fee. If I am late for the scheduled session and we are unable to complete a full 53 minute session within the hour then the session fee will be prorated based on length of time. If you know in advance that you will not be available for a full 53 minute session, please let me know in advance so we can discuss rescheduling or possibly prorating for a shorter session. Without advance notice, you will be charged the full session fee.

Fees are payable at the time that services are rendered. I accept payment in the form of online credit or debit card payments. I will process payment after each session is held, and the fee must be paid in full prior to our next scheduled session or we will not be able to hold the next session.

It is my goal to maximize your session time. Therefore, if you need to update your card on file, please let me know ahead of the session so I can collect the updated information.

You are ultimately responsible for payment for services received, even if you are relying on, or expecting your insurance company or another third-party payor to cover the costs of your treatment. I will notify you in the event of any changes to fees or when other charges are to be applied. If you are experiencing financial difficulty, please let me know so we can discuss your options for care.

Please inform me if you wish to use health insurance to pay for your services. I do not accept insurance via this platform. I am a private pay/cash pay business only. If you would like to use your Cigna or Aetna insurance we use this plaform for our meetings and billing will take place on the Alma platform. If you would like to use your NorCal Kaiser insurance all meetings and billing take place on the Allminds platform. For all other insurance plans, I am happy to provide you with a superbill (a.k.a. a receipt for services) which you can submit to your insurance for potential reimbursement. Depending on the terms of your health coverage, your plan may or may not reimburse for out-of-network services.

My Medicare Provider Status

Per federal Medicare regulations, I am not a Medicare provider. I have not enrolled to serve as a Medicare provider, and I have not opted-out of the Medicare program. Accordingly, I am not able to bill Medicare or accept money from Medicare-eligible patients.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur weekly on the same day at the same time, if possible. I may suggest a different amount or frequency of therapy depending on the nature and severity of your concerns. Your consistent attendance can greatly contribute to a successful therapy outcome.

To cancel or reschedule an appointment, please notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours' notice of a cancellation, I will charge you $100 for the missed session. If you are using insurance, please be aware that your insurance company will not pay for missed or cancelled sessions. Accordingly, you will be responsible for covering the cost of missed sessions and sessions cancelled within 24 hours of the scheduled session.

Your Right to Confidentiality

As a psychotherapy client, you have a right to confidentiality with respect to information related to our work together. Accordingly, information shared between us will generally remain confidential.

Exceptions to Confidentiality

In certain, limited instances, the law requires me to disclose information pertaining to my work with you. For example, as a therapist I am required to report suspected child, elder, and dependent adult abuse. Please note that the legal definition of "child abuse" generally includes instances of "sexting" in which a person of any age captures, records, sends, receives, or possesses an image or video depicting a minor engaged in sexual or otherwise obscene conduct.

Similarly, in the event that I believe you present a serious and imminent danger to yourself, another person, or the public, I may be required to disclose information to emergency medical services, law enforcement, and/or another third party that can help to reduce or prevent that danger. This may include calling your emergency contact on file.

My Communication With You

From time to time, I may need to communicate with you outside of our sessions together to discuss scheduling, payment, or other issues related to your treatment. The best means of communication is the secure messaging via the client portal or by phone. Please indicate on your intake form whether or not you are comfortable with me leaving voicemail messages at the phone number(s) you provide. I do not use text messaging or email for health information because it is not a secure means of communication.

Additional Communication Information and Preferences

Please feel free to inform me if there are additional communication preferences you would like for me to be aware of, or if you do not wish to be contacted at a particular time, place, or by a particular means.

I will do my best to honor your communication preferences, but please be aware that in certain instances, such as emergency circumstances, I may need to reach you through other methods.

If you choose to reach out to me via unencrypted email certain risks may be present such as technological failures or unintended access by third parties.

Your Communication With Me

Nonurgent Communications

If you would like to contact me in-between sessions to discuss a nonurgent issue, such as scheduling or payment, please do so during normal business hours of Monday through Friday from 9 am until 5 pm, excluding national holidays.

Please understand that I may be in session with other patients or addressing other matters when you attempt to reach me. If you send or leave me a message, I will respond as soon as I am available, but please be aware that I may respond to your communication up to 48 hours after receiving your message. It may take longer to respond if you reach out on a weekend, holiday or while I am out of the office for vacation.

Urgent / Emergency Communications

If you are ever experiencing a medical or psychiatric emergency or if you are facing an emergency involving a threat to your safety or the safety of someone else, please call 911 to request emergency assistance or visit the nearest emergency room

. In the event of a mental health crisis, you may also call the 988 Suicide & Crisis Lifeline by dialing “988.”

Therapy Across State Lines

Unfortunately, I will not be able to treat you while you are physically outside of the state of California because of the laws of licensing and jurisdiction. If you know you will be traveling outside of the state, please provide me with as much advance notice as possible we can discuss alternative care options and strategies as well as what you should do in the event of an emergency.

Letters

Please note that I do not provide letters for accommodations, disability applications, emotional support animals, custody recommendations, psychological evaluations, or other letters of that nature. I am happy to provide a treatment confirmation letter stating the start date, frequency and number of sessions to date for a fee of $50. I am happy to provide a treatment summary letter stating diagnosis, reason for treatment, treatment goals, engagement in therapy, and progress to date for a fee of $200-$300 depending on the length of treatment. Law dictates that I have 15 calendar days to provide you with these letters once requested in writing, so please plan ahead accordingly.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on your clinical needs, the specifics of your treatment plan, and the progress you make towards achieving your treatment goals. While I hope you will find our time together beneficial and meaningful, I cannot guarantee the specific outcome(s) or result(s) your treatment will yield.

You may discontinue therapy at any time. If one of us determines you are not benefiting from treatment, we can discuss treatment alternatives. These alternatives may include, among other possibilities, changes to your treatment plan, referrals to other therapists, and/or termination of treatment.

Accommodations

If you have a disability and require accommodation presently or at any time during the course of treatment, please contact me.

Vacations and Holidays

Self-care and time off is important for all of us, including providers. Most years, I will take time off for one week around the Christmas/New Year holidays, the week of Juneteenth, the first week of August, and the week of Thanksgiving. If missing a week feels overwhelming, we can discuss coping strategies or alternative arrangements in advance.

Additionally, I will take time off for the following federal/state holidays: New Years Day, Martin Luther King Jr. Day, Lincoln's Birthday, President's Day, Farmworker's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Indigenous Peoples' Day, and Christmas Day. If your regularly scheduled session falls on one of these holidays we can reschedule for a different day that week if possible or cancel the meeting.

Provider Illness

In the event that I am too ill to attend our scheduled session, I will reach out to you via secure messaging or phone the evening before or the morning of our scheduled session. Depending on the nature and timing of the illness, I may or may not be able to reschedule the session for later in the week.

Questions About My Policies

Please let me know if you have any questions about my policies or if you would like to discuss them further.

Informed Consent

Your signature below indicates that you have read this agreement for services and disclosures carefully, understand its contents, and consent to receive treatment from me.

Signature

Date

Submitted by gailpoustlmft@gmail.com
June 1, 2026 at 8:57 PM
IP address: 172.31.89.238