

**Michael J. Gilke Psy.D.**  
1400 Quail Street, Suite 210  
Newport Beach, CA. 92660

## **CONSENT TO TREATMENT**

Dear Patient:

It is important in beginning our work together for you to understand both the nature and the limitations of the relationship. Please review the following policies to help you understand these areas. Also, please excuse the exhaustive nature of this material but it represents the current legal and ethical requirements of a practicing psychologist.

**APPOINTMENTS.** Your appointment is reserved for you. It is your responsibility to notify Dr. Gilke *at least 48 hours in advance* if you are unable to attend. Cancellations of appointments less than 48 hours in advance and “no shows” are subject to the full fee for the appointment time.

**CONFIDENTIALITY.** The material you disclose is confidential and cannot be released without your written consent. There are certain circumstances, however, under which Dr. Gilke may be legally required to disclose this information. These include:

- (1) If there is a suspicion or reasonable belief that child abuse has or may be occurring
- (2) If there is a suspicion that elder or dependent adult abuse has occurred.
- (3) If you make a threat to harm another person.
- (4) If you pose a risk to yourself or others
- (5) If you file an insurance claim to be reimbursed for some portion of the cost, you will give your insurance carrier the right to inquire about you.
- (6) If you enter into a legal proceeding in which you raise the issue of your mental status.

**PAYMENT & FEES.** The standard fee for therapy is \$200.00. However, the fee may be reduced based on your ability to pay, your annual income and what portion your insurance company contributes to payment. Therefore, as these conditions change, your fee may be adjusted accordingly. You are expected to pay for services at the time they are rendered unless other arrangements have been made. Payments may be cash or personal checks. Services are rendered and charged to you, the patient, not to the insurance company. Dr. Gilke will provide you with a receipt to submit to your insurance company for reimbursement (excepting other managed care company arrangements). There is a \$50.00 charge for returned checks.

**SPECIALTIES & EXPERIENCE OF DR. GILKE.** Dr. Gilke is specifically experienced with the principles of analytical and psychodynamic psychotherapy and the general practice of clinical psychology. This includes individual psychotherapy, relationship, marital and family therapy, and various forms of psychological assessment/evaluation procedures. Not all therapies offered by psychologists are the same and may include a different approach. Also, some individuals prefer to approach their problems from a medical, biologic, pastoral, diet or other methods/services offered by other individuals. Please feel free to inquire about these issues and alternatives.

**PROBABLE LENGTH OF SERVICES AND TERMINATION OF THERAPY.** Based upon what you want to accomplish in therapy, Dr. Gilke will discuss with you alternatives and the general course of therapy. Time of therapy can vary according to commitment, motivation, personality and readiness for change. Treatment is not always precise and feelings of frustration, lack of clarity and/or confusion may arise. Change frequently involves difficult emotions and/or some internal turbulence. However, the rewards of therapy often involve challenges along the way. Dr. Gilke believes that how long you remain in therapy best left in your hands. If you wish to discuss this matter with Dr. Gilke, he will provide input on this matter.

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**RECORD KEEPING.** Dr. Gilke will keep notes of impressions of your work in therapy. These details will be limited to the scope of problem formation and the focus and direction of treatment and will be stored in a locked and secured file. They can only be accessed by your consent or the above exceptions to confidentiality.

**EMERGENCY POLICIES.** Dr. Gilke will gladly see you more often for office visits during times of crisis and will make every attempt to respond to such needs if these requests are made clear in session or on voicemail messages. However, Dr. Gilke will not be able to respond immediately to emergencies over the phone or to conduct sessions or interventions over the phone. Emergencies that cannot be addressed by increasing sessions or should be handled by either going to your hospital emergency room, calling a crisis hotline (Dr. Gilke will provide these if necessary) or by calling 9-1-1 for crisis response.

**PROFESSIONAL CONSULTATION.** It is an important standard in the field of psychotherapy to consult with other professionals regarding certain cases to improve the overall quality of care given. Dr. Gilke may consult with another professional without revealing your identity or related identifying information in order to increase his level of awareness about important dynamics in the work he is doing. Please ask Dr. Gilke if you have further questions regarding this matter.

**CONFIDENTIALITY & CONTRIBUTION TO KNOWLEDGE.** Dr. Gilke is committed to both his continued professional development and the advancement of psychology. He contributes a good portion of professional time to research, teaching, training and improving the standards of psychotherapy. The use of casework, including your own may be useful for case consultation, teaching case illustrations, etc., to learn and/or make concepts clearer. Illustrations such as this do not require releasing the personal identity or identifying information about the person. Unless you notify Dr. Gilke to the contrary, it will be assumed that you have no objection to this work. One potential advantage among many is that the struggles and difficulties of your life might do some good to future generations of learners and fellow human beings whose lives may be filled with some of the issues that are similar to those that have troubled you.

**COLLECTIONS POLICY.** In the event that you fail to make reasonable efforts to pay your bill, my office retains a professional collection agency for pursuit of accounts that become delinquent. When unavoidable circumstances arise, my office will make every effort to work out a reasonable payment agreement. However, for patients who refuse to respect the credit policy, it may become necessary to transfer those accounts to a collection agency. If it becomes necessary to transfer your account to our collection agency, your financial records will then be released to them and your delinquent balance will be recorded with TRW. Please be aware that this action is only a last resort.

**FEE FOR SERVICE.** I agree to enter therapy with Dr. Gilke and will pay \_\_\_\_\_ for each session. I understand that I am responsible for complete payment for sessions and understand the collections procedures if I have not paid or made arrangements to pay for more therapy sessions or if my insurance company fails to pay.

**I HAVE READ THE FOREGOING AND UNDERSTAND WHAT IT SAYS. TO THE EXTENT THAT I HAVE ANY QUESTIONS REGARDING THIS FORM, I WILL ASK DR. JILKE TO CLARIFY THESE POLICIES.**

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(Patient Signature)

(Date)

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(Patient Signature)

(Date)

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(Witness or Parent Signature when appropriate)

(Date)