



Diane Gleim

Licensed Marriage and Family Therapist
AASECT Certified Sex Therapist & Supervisor
IAPST Certified Psychosexual Therapist™ & Supervisor
LIC# MFC44429

Informed Consent **--This form is required--**

Welcome to my practice and the beginning of what I hope is a helpful experience for you. If this is your first time in treatment, this form will help explain what therapy is about. If you are returning to treatment, this form will explain the specifics of my office policies and practice.

About Therapy

Most likely you are here to change something about yourself and/or your relationship. Great! Let's get started. It's important to remember that therapy is a process that unfolds over time and is based on a collaborative partnership between therapist and client(s). It provides an opportunity to better and more deeply understand oneself as well as any problems or difficulties you may be experiencing.

In therapy, you and I look at you. This includes but is not limited to your thoughts; your feelings; your behaviors; your history; your choices; your relationships. This takes time and if you are willing to complete my questionnaire(s) thoroughly we can move more quickly through the early stages of therapy.


In our first few sessions we will do several things, including:

- Decide if we wish to work together;
- Collect and assess information about you and your background;
- Define the goals we will pursue in therapy.

If we decide to work together, we will proceed with the goals in mind, referring to them periodically to evaluate our progress and maybe even add to them, change them, or modify them along the way. If we discover that accomplishing your goals involve unintended consequences for you and/or those close to you, we will monitor and discuss this. During the course of therapy many clients find that they feel worse before they feel better. This is generally a common course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Healing can hurt. I hope you will address any concerns you have regarding your progress in therapy with me.

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Not now, but most likely in the future I will suggest you do something between our appointments. This may involve reading, writing in a journal, initiating a conversation with your physician or other health care provider(s) and/or your partner(s), doing a specific exercise, or practicing new behavior. The purpose of this is three-fold: these assignments will help deepen the therapeutic process, act as a bridge between appointments, and increase its effectiveness.

Confidentiality

According to California laws and my profession's ethics, your sessions are strictly confidential. This means I cannot speak to anyone else about what we discuss without first obtaining your written and signed consent. There are, however, a number of exceptions to this confidentiality policy:

I am required by law to break confidentiality:


- If you reveal you or another person are either the victim of child abuse, elder abuse, or dependent adult abuse;
- If you communicate a serious and imminent threat of physical violence against an identifiable victim(s);
- If I am ordered by a judge or court to release records and/or testify;
- Per California law AB 1775, if a client informs me they "...knowingly develops, duplicates, prints, downloads, streams, or accesses through any electronic or digital media, or exchanges, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct".

I am permitted to break confidentiality:

- If you are in such a mental and emotional state that you are in imminent danger to yourself, another person, or the property of others;
- When my disclosure is necessary to prevent the threatened danger.

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In addition, Sonoma County is a relatively small community and as such we may see each other out in public (at a store, an event, etc.). To prevent an inadvertent breach in confidentiality, I have a policy of not greeting a client whom I see outside of my office. Thus, should we happen to meet in public, I will intentionally not say hello to you in order to protect your confidentiality. You may, however, feel free to greet me in public if you so desire.

Fees, Payment, Frequency of Appointments, Additional Services, Length of Appointments

The law states that you must know my fee prior to our initial appointment so we will discuss this on the telephone, over email, or in person at the start of our consultation. If I have not said so to this point, my fee is \$200 per session and it is the same amount whether it is individual or couples therapy. I accept cash, check (made out to “Diane Gleim MFT”), credit card, Venmo, and PayPal.

Because every client is unique, it is impossible for me to put in this document here some estimate of how long I think your course of therapy will take. I will talk about this more in the initial consultation once I know more about you and we will decide together on frequency of your appointments.


The federal No Surprises Act of 2022 states that upon request, I will provide you with a good faith estimate of expected charges in writing. Please let me know if you would like this.

Payment is due at the time of services. If you do not pay at the time of service (for example, if you forgot your checkbook and do not have your credit card with you), you will be allowed to pay it at the next appointment *so long* as that next appointment is within that same calendar month. You can also either mail me a check or give me a credit card number over the telephone before the end of that month if no follow up appointment is scheduled within the month. If your outstanding balance rolls over into the next calendar month then you will be charged interest of 15% on the outstanding balance.

Other services I provide to you such as home visits (including travel time), attendance at meetings, or telephone conversations longer than 10 minutes, or other services you may

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request, are billed on a prorated basis based on my hourly fee.

Additional services I provide on your behalf for reasons not related to your immediate treatment with me (for example, communication to another provider such as an attorney, testifying in court, or other services) will be charged at my hourly rate at the time of the provision of said services. You are also responsible to pay a fee of \$0.25 per page and \$25.00 an hour for clerical services to photocopy, collate and/or mail documents. Please allow a minimum of five (5) business days for processing your request.

All appointments are 50 minutes long unless we make other arrangements. If appointments are longer than 50 minutes then there will be an increase in fee. Please be on time or early. I work hard to start your appointment on time. There are times, although rare, where I will start the appointment later than scheduled. If that happens you will get the full 50 minutes. If you are late to our appointment then we will start once you arrive and use the remainder of your time. When I am seeing a couple, we will only begin once both partners are present. I prefer to get “the business” done at the start of our appointment and this includes payment and scheduling. Then we can use the remaining time for you.

Canceling an Appointment


I ask for a minimum of 24 hours advanced notice if you cannot keep a previously-scheduled appointment. This courtesy allows me to plan my schedule effectively and accommodate other clients' requests.

If you cancel less than 24 hours before your appointment time you must pay a Late Cancellation Fee. The amount of the Late Cancellation Fee is your regular fee for one session.

It is also my policy that if you “no show” to an appointment—meaning you do not call me to let me know you cannot make the appointment, do not come to your appointment, and your appointment is still on my calendar—I charge a No Show Fee. This amount of the No Show Fee is your regular fee for one session.

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Technology and Contacting Me: Phone, Email, Social Media, Internet

As your therapist, your confidentiality—and the risk of compromising it—is always a primary concern to me. To that end, telephone is the primary way I run my practice and communicate with clients. I check my phone messages several times a day Monday through Friday and aim to return all calls within 24 hours of when I receive them. On weekends I check my messages as well but generally return calls on Monday.

While I can send and receive emails, due to federal patient privacy laws and electronic communication we must limit the content of our emails to scheduling appointments only. The reason for this is because while my email is encrypted for security's/confidentiality's sake I do not know if yours is.

I do not accept friend requests from current or former clients on any social media platform (Facebook, Linked In, etc.). Again, preserving your confidentiality and our professional relationship is a major responsibility to me and I believe if we were social media "friends" it could blur boundaries.


On occasion I will be out of the office for either personal or professional reasons. I will give you a minimum of 2 weeks advanced notice so we can schedule our appointments accordingly. There are occasions, although rare, where something unexpected happens (for example, I am ill or someone in my family is ill) where I cannot give that much advanced notice. In this event I will call you immediately to let you know the change in our appointment schedule.

Notice To Clients

The California Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Licensed Marriage and Family Therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830. My license to practice psychotherapy is under my name, Diane Gleim, my license number is #MFC44429, the type of license is Licensed Marriage and Family Therapist, and it expires on May 31 of each even-numbered year (2026, 2028, 2030, etc.).

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I certify that I have read and had an opportunity to discuss the above information. I am aware that it is my right to have my information held confidential except in the event that one of the situations outlined above should occur. I am also aware of and agree to the outlined fee structure and cancellation policy.

Signature of Client: _____ **Date:** _____

Printed Name of Client: _____

Please give Diane all 6 pages of this form. (Not just this last signature page.)