

TRANSFORMATIVE PSYCHOTHERAPY, L.L.C.
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Independent Marriage and Family Therapist #F1000006
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Informed Consent for Gottman Method Couples Therapy

A. WELCOME

Before starting your therapy, it is important to know what to expect and to understand your rights and commitments. This form has been created to be as transparent as possible about the nature of the couples' therapy process, so you are fully informed prior to starting the therapy.

B. THERAPIST'S QUALIFICATIONS

1. License: This therapist holds a license to practice as an Independent Marriage and Family Therapist, in the state of Ohio, license #F1000006.
2. Education: Highest education of therapist is a Master of Arts degree in Counseling Psychology with a minor in Somatic (Body-oriented) Psychology from John F. Kennedy University in Pleasant Hill, California.
3. Professional Associations: I am not a member of any professional associations.
4. Therapists Limitations: as a master's level psychotherapist I **cannot** prescribe or provide medication, nor perform any medical procedures.

C. WHAT TO EXPECT

Couples who enter into Gottman Method Couples Therapy begin with an assessment process that then informs the therapeutic framework and intervention:

1. Assessment: A conjoint session, followed by individual interviews with each partner are conducted. Couples can complete online questionnaires and then receive detailed feedback on their relationship. If you wish to do this, there is a small fee to the Gottman Institute. Please let me know so I can sign you up for this.
2. Therapeutic Framework: The couple and therapist decide on the frequency and duration of the sessions.
3. Therapeutic Interventions: Interventions are designed to help couples strengthen their relationships in three primary areas: friendship, conflict management, and creation of shared meaning.

Interventions designed to increase closeness and intimacy are used to improve friendship, deepen emotional connection, and create changes which enhances the couples shared goals. Couples learn to replace negative conflict patterns with positive interactions and to repair past hurts. Relapse prevention is also addressed.

D. LIMITATIONS TO COUPLES THERAPY

Gottman Method Couples Therapy has been shown to have benefits for couples. It often leads to a significant reduction of feelings of distress, resolution of specific problems, and a stronger relationship. In many cases, it has moved couples from thinking of ending their relationship to recommitting to it in new ways. However, it is important that you also understand the risks

involved. Despite the “nuts and bolts” approach of this method, you will be asked to address areas of difficulty in your relationship. As a result, you and/or your partner may experience uncomfortable feelings like sadness, guilt, anxiety, anger, loneliness, and helplessness. Your therapy may also involve recalling unpleasant aspects of your history together and/or individually. Difficulties between the two of you may become temporarily amplified. Additionally, difficulties with people important to you may also occur, family secrets may be disclosed, and despite our best efforts, therapy may not work out well. Couples’ therapy will only be effective in cases where both partners put in a good faith effort to work on their problems and their relationship. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one’s actions, or lack of interest and motivation to engage in the couples’ therapy process by one or both partners will undermine the therapy. Thus, we can make no guarantees about how the therapy process will be for the two of you specifically or what the outcome will be for your relationship. In addition, couples’ therapy is not advisable in the following situations:

1. If there is active alcohol and/or drug addiction on the part of either or both partners, from either partner’s perspective
2. If there is serious violence in your relationship, threats by one or both partners that serious violence might occur, or fear of such serious violence on the part of one or both partners
3. If either partner currently has an untreated major mental illness (schizophrenia, recurrent psychotic depression, or bipolar/manic-depressive illness.) This does not include past, successfully treated psychotic episodes (e.g. post-partum depression with psychosis)
4. If there is an undisclosed, current affair that you are not willing to disclose (such secrets predict marital therapy failure)
5. If either partner is currently experiencing suicidal or homicidal thoughts, or has a history of serious harm inflicted on him/herself or another person

E. CONFIDENTIALITY

When you attend couples therapy sessions, the couple is considered “the client,” and your mental health records therefore belong to both of you. This means that except in the circumstances outlined above, we will require a written consent from both of you to disclose any information from your record to a third party. Everything that is discussed is private and confidential, with some exceptions below:

1. If you state that you are going to harm someone or are intending to harm yourself.
2. The abuse of a child or elder, or animal that is discussed will be reported to the local authorities.
3. Court Orders/Testimony – if I am given a subpoena on your behalf.
4. In the event of the client (s) death, the records will be shredded unless there is court involvement.
5. Therapist will share client information in consultation with another therapist or supervisor and this will be via video or verbal for best practices but names will be changed in most circumstances. If I am videotaping you there will be a different form to sign.

F. FEES

Couples fees are \$150.00/hour and are paid by check, cash, HSA or regular credit card. **You are not able to bill your insurance company for these sessions and I will not be billing them as we are working for a longer period than insurance will pay for.**

G. 24-HOUR CANCELLATION POLICY

As noted above couples' therapy is \$150/hour. If you are prevented from attending your scheduled session and do not cancel your appointment at least 24-hours in advance, you understand that you will be charged the full session fee. This practice of being charged for no-shows or late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which your therapist will not be able to offer to someone else on short notice.

H. Telehealth

I do not do video or phone therapy except for in an emergency due to weather conditions in the winter or if either I or you are sick. If there are extenuating circumstances, you can speak to me about this but I prefer not to do telehealth as it is not conducive to quality care. I do not feel comfortable with this format as it precludes my being able to give you the attention, I am able to do for you in my office. This being said, there are many therapists on psychologytoday.com who feel differently.

I. EMAILS FROM THERAPIST

Although emails are not shared by the therapist to anyone, they are at risk due to the fact that they can be viewed by a third party since they are not secure or encrypted. I am not responsible for unauthorized access of protected health information while in transmission (being sent by email) to the individual/client based on the individual's request. Further, I am not responsible for safeguarding information once delivered to the individual. This being stated, I am not at liberty to conduct email therapy. The emails sent by the therapist will be limited to forms necessary for the first session, resources requested by individual in session, communication from the therapist if changes in session need to be made by therapist and/or responses to you, the client's inquiries in regards to cancellations and updates to your future sessions.

J. LITIGATION LIMITATION

The ethics and rules of our profession preclude us from serving in a dual role of therapist and evaluator, meaning that our role as your therapist prevents us from providing a formal evaluation that would render an opinion for legal or disability purposes. Furthermore, due to the private nature of the therapeutic process, it is agreed that this process should be protected and should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney, nor anyone else acting on your behalf will call on this therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If we are ordered to provide testimony on your behalf, you agree to pay a fee of \$240 per hour to include all time spent on correspondence, record review, document preparation, travel to and from Court, and wait time at court.

Please note: it is out of my scope of practice to determine who should have custody of children.

K. GRIEVANCE PROCEDURES

If you have a grievance against this professional, please send your complaint to:
The State Of Ohio Counselor, Social Worker and Marriage and Family Therapist Board, 50 West
Broad Street, Suite 1075, Columbus, Ohio 43215-5919. Phone: (614) 466-6462 and website:
cswmft.ohio.gov.

L. WEAPONS POLICY

By consenting to treatment with Jeannine Vegh at Transformative Psychotherapy, I consent to
not bring any firearm or other weapon to treatment on any occasion.

M. BETWEEN SESSION CONTACT

Please contact my office at (614) 813-7677 with administrative or scheduling questions. Phone
calls are returned within two business days. If needed here are the Emergency Numbers and
National Hotlines that you should call in these cases instead of contacting the therapist:

- 1) For a life-threatening situation, you should contact 911
- 2) National Domestic Violence Hotline is 1800-799-7233
- 3) Alcohol and Drug Hotline 1-800-821-4357
- 4) Child Abuse 1-800- 4-A-Child / Elder Abuse 1-800-252-8966
- 5) Suicide Hotline 1-800-273-8255 (TALK)
- 6) Helpline National Alliance for Mentally Ill 1-800-950-NAMI

Please note that if one of you are hospitalized, it is the other partners responsibility to contact the
therapist and make them aware of this.

N. TERMINATION BY THE THERAPIST

This therapist reserves the right to terminate treatment under certain conditions which
compromise my ability to provide effective services, the client's ability to benefit from services,
or when it is legally and/or ethically appropriate to do so. Such circumstances include, but are
not limited to:

1. Three missed appointments or late-cancellations within a six-month period
2. Non-adherence to the treatment plan
3. Non-compliance with practice policies & procedures
4. Refusal to accept recommendations for a higher level of or supplemental care
5. Behaviors that are disrespectful, devaluing, threatening, or otherwise inappropriate
toward the provider, staff, other clients, or any persons present in the building
6. Misrepresentation or omission of pertinent clinical information
7. Non-payment of fees

O. NO SECRETS

As couples therapists who are entrusted with information from both partners in a relationship, we
have a policy of "No Secrets", which means that we cannot promise to protect secrets of either

partner from the other person, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy.

We, the client, understand and consent to the above terms, and agree to initiate treatment.

I have had time to study the information and to ask any questions that I want to ask concerning the proposed treatment/services. I have also received a copy of this document for my own use.

Date Signed

Client's Signature

Date of Birth

Client Name

Date Signed

Client's Signature

Date of Birth

Client Name

Date Signed

Therapist's Signature