

Tara Gilmaher, MA, MFA, CCHt, LMFT

CA #121152 & NV #4012-R

## Psyche & Soul Tending Marriage & Family Therapy, Inc.

Depth Psychological Analysis:

Somatic, Attachment, De-colonializing, Numinous, Relational, Energetic, LGBTQIA, Trauma Responsive Psychotherapy

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NPI # 1568 759 827

Tax I.D. 85-3165 574

### Informed Consent: Agreement for Psychotherapy

This document provides information about the psychotherapy process and the business policies for Tara Gilmaher, LMFT: CA #121152 & NV #4012-R. I find that it's helpful to clarify the following policies upon entering psychotherapy. This will be our contract, an agreement between you and I, telling you my responsibilities as your therapist; and your rights and responsibilities as a patient. Please take the time to read through its entirety carefully and ask questions about any items that seem unclear before signing it (**consent/ signatures required on pages 1-2, 4-6, 14-18, 20-21**). This form is intended to provide **informed consent** for the therapeutic services you have requested to be provided by therapist. This document is important. By signing this form you indicate that you agree to and understand the psychotherapy process, and business policies between you and your clinician, Tara Gilmaher, LMFT: CA #121152 & NV #4012-R ("Therapist"). (**Emergency notices are on pg's 7-8**).

### Informed Consent

I/We \_\_\_\_\_

understand my therapist is also doctoral candidate and consults with Jungian and Psychoanalyst analysts. Occasionally, Tara may ask to audiotape or transcribe your session for review by consulting analysts, and if you agree, you will be asked to give written permission. After review, the audio recording will be destroyed within 4 weeks. You have the right to decline if you do not wish to have sessions taped.

I/We willingly consent to engage in psychotherapy services with Tara Gilmaher, LMFT: CA #121152 & NV #4012-R, beginning with the initial consultation on \_\_\_\_\_. Psychotherapy can have benefits and risks. As with most other forms of treatments, results cannot be guaranteed. I/We understand that psychotherapy can be an emotionally painful process, and is engaged in for the purposes of personal growth, self-exploration, and help with relationship difficulties. I/We understand there is no guarantee of outcome, but that change takes time and success depends on personal investment and commitment of the patient(s).

I/We agree to meet for sessions \_\_\_\_\_/ week at the recommendation of Therapist.

I/We understand that we may re-visit and increase the number of sessions I need per week at Therapist's suggestion. I/We understand that the cancellation policy requires 48 hours' notice; the

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full fee will be charged if a session is cancelled less than 48 hours prior to the session time and an alternative appointment time is not possible. Tara will try to offer an alternate time or make up session to keep forfeited sessions to a minimum and consistency of treatment intact.

In between session contact will be for emergencies only and will be charged at a prorated portion of the agreed upon fee. In couple's treatment, I/We understand that Therapist does not hold any information in confidence from other patient(s) in the relationship.

### Rates, Billing, and Payments

I/We agree to pay Individuals: \$185 per 45 minutes;; Couples \$200 per 45 minutes // or Other agreed/ reduced rate: \_\_\_\_\_ per 45 / 60 / 90-minute session. An invoice will be provided for services at the end of the month which will be paid no later than the 10<sup>th</sup> day of the following month. If I choose to receive SuperBills, I agree to pay \$10/invoice. Payments received after the 10<sup>th</sup> of the month will be assessed a late fee of \$35/month. Please note that all insurance claims (in-network, and out-of-network provider superbills for cash-pay patients) will be filed at, and the right is reserved to collect the full session rate of \$185/ 200\* per clinical hour if possible, so that your insurance is aware of the cost and value of our services (regardless of the allowed or negotiated fee we agree upon). \*If therapist is an in-network provider, we recognize that we will accept the allowed fee set by your insurance plan.

Ongoing psychotherapy typically occurs weekly for 45 minutes a session on a time and day agreed upon. The agreed upon fee between therapist and patient is per 45, 60, or 90 minutes. Sessions longer than 45 minutes are charged for the additional time on a prorated basis. Therapist reserves the right to periodically review/adjust this fee, in general every 18 months to 2 years. Patient will be notified of any fee adjustment in advance. Once the appointment is scheduled, you will be billed and expected to pay for it unless you provide at least 48 hours' notice prior to the scheduled session time. (Monday appointments must be cancelled by Thursday night). Cancellation notice should be left either on therapist's voicemail or by text. Please request confirmation of receipt to confirm message was received by therapist.

From time to time, therapist may engage in telephone contact with patient, including for purposes of scheduling as well as for purposes other than scheduling. Patient is responsible for payment of the agreed upon fee on a prorated basis for any contact, phone calls, or other communication media

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[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-800-985-3059.

Please initial next to each statement to acknowledge you are being notified in writing below.

\_\_\_\_\_ This NOTICE is to inform you that you will pay me directly and that I may Superbill for you, but I do not take your insurance.

\_\_\_\_\_ As the result of the Good Faith Estimate, I am required to document that you acknowledge that you are paying without the use of your benefits and that you have the option of choosing a therapist that is in-network with your insurance.

\_\_\_\_\_ Additionally, I am required to give you a good faith estimate of services. Because psychotherapy is so dynamic, I cannot tell you how many sessions we will need, so I generally estimate that patients will have between 46-48 sessions per year if you attend once per week, and roughly between 96 and 120 sessions if you schedule sessions more than once per week.

\_\_\_\_\_ Although you may be paying on a sliding scale, or if you have UHC, a general fee cost estimate based upon the current rate of \$185 individual/ \$200 couples' per session, a patient's yearly cost will generally be somewhere in the range between 46 x \$185 or \$200 and 120 x \$185 or \$200 for psychotherapy in 2022.

**If you have UHC INSURANCE or another insurance Tara expected to accept, your fee was set at the allowed rate by your insurance until November 1<sup>st</sup>, 2022. I will be phasing out of accepting insurance negotiated fees via any insurance plan by November 1<sup>st</sup>, 2022.**

\_\_\_\_\_ Please be aware, at \$185 or \$200/session a patient could extend beyond any estimate of psychotherapy costs after just 2 sessions, so a bill \$400 more than your estimate could potentially occur within one week, or within 1 hour for some additional services listed on page 19.

\_\_\_\_\_ If you need to end treatment in order to manage your budget or if you are attached to the good faith Estimate, please let me know early on or immediately when you decide this, so we can terminate in a psychologically appropriate way, usually 2-5 sessions. **I want to be clear that we will evaluate throughout the year, starting somewhere in the first 4-6 weeks to**

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**determine what is best for length of treatment for your therapy goals. You are also welcome to bring up your thoughts about length of treatment at any time in our process.**

Please initial next to your choices. (Rates, Billing, and Payments)

\_\_\_\_\_ I will pay by credit card. Credit Cards will be charged on the 1st of the month for the previous month's services unless other arrangements have been made.

\_\_\_\_\_ I will pay by check, due on the first of the month. Late fees will apply after the 10<sup>th</sup> of the month.

\_\_\_\_\_ I will pay by Venmo, due on the first of the month. Late fees will apply after the 10<sup>th</sup> of the month.

\_\_\_\_\_ I agree to receive an emailed invoice, which will include things like my name and email address, the cost and date of service, Therapist's name/logo and email address. I understand that email cannot be guaranteed to be secure, and therapist's email is Gmail, an unsecured email host.

\_\_\_\_\_ Please invoice me through the mail.

\_\_\_\_\_ I am requesting a SuperBill for out-of-network reimbursement. I agree to pay \$10 per SuperBill invoice, which will be sent directly to me. I understand it is my responsibility to submit any SuperBill to my insurance for reimbursement, and that I will pay my bill in full regardless of my insurance or the status of any possible reimbursements to me.

- Late Cancellations & Missed sessions will be charged to the Patient at the full session fee, not the Co-Pay Patient rate that applies when reimbursement is provided by the insurance company. Missed and Late Cancelled sessions cannot be billed to insurance.
- Please review Other Professional Fees (continued below)
- If you do not keep your account current, I may elect to refer your outstanding balance for collection to an outside collection agent and/or agency. If your account will be referred to an outside

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collection agency, the cost of that service will be added to your bill, and they will receive the minimum amount of information necessary to collect.

**By signing below**, patient acknowledges that he/she/they have reviewed and fully understands the terms and conditions of this therapy agreement. Patient acknowledges that he/she/they have discussed such terms and conditions with therapist and has had any questions with regard to its terms and conditions answered to patient's satisfaction. Patient agrees to abide by the terms and conditions of this agreement and consents to participate in psychotherapy with Tara Gilmaher, LMFT: CA #121152 & NV #4012-R. Moreover, patient agrees to hold Tara Gilmaher, LMFT and any colleagues with whom she consults, including Dr. Kristi Walsh, Ph. D. free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

### Short Form Signature

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Patient Name (printed) & **Signature**

Date

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Patient Name (printed) & **Signature**

Date

Tara Gilmaher, LMFT: CA #121152 & NV

#4012-R, **Psychotherapist** Date

### How Psychotherapy Works

Psychotherapy is a process in which therapist and patient discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so patient can experience his/her/their life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties patient may be experiencing. Psychotherapy is a joint effort between patient and therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Tel: 818.964.1569

Telehealth Informed Consent

Rev. 12/15/21

2100 Montrose Ave. #294, Montrose, CA 91020

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these channels and will adapt to your comfort, with documentation, as we proceed. Security laws state that patients have the freedom to request or opt-in to less secure means of communication if they are aware of the risks, comfortable with them, and find it clinically helpful to do so.

I also want to acknowledge that while I check in on the security of all of our ways of communicating, swift advances in technology preclude my ability to be certain of our security. Just as I cannot guarantee a physical office space isn't broken into, I also cannot guarantee the absolute security of our work online.

Please ensure that you too are doing your utmost to protect your privacy by considering who has access to your email, text messages, and so on before choosing online therapy. For example, I would discourage you from using your work email for our communications (your emails could become company property and be used as proof of fitness or a lack of fitness). Another way to protect your privacy is to be sure to FULLY EXIT all online counseling sessions and emails before leaving your computer.

### Choosing and Providing Methods of Communication

Some patients appreciate the convenience of having appointment reminders sent to them over text or email. Or they appreciate being able to receive and pay invoices over email. Or to share relevant paperwork in these ways.

Given the limitations of security for electronic communication, I would like to know which of the following you are comfortable with. Please sign next to each that you are comfortable using for administrative issues like scheduling, invoicing and collecting paperwork if not submitted through my patient portal.

Be aware that basic demographic details like your name, email, and location are considered Protected Health Information (PHI) as is anything clinical in nature like your diagnosis or clinical material. Please initial next to each item you consent to.

I consent to allow Tara Gilmaher, to use unsecured email, cell/ FaceTime (apple)/VoIP phone text messaging, calls, faxes, or voicemail to transmit to me the following protected health information:

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\_\_\_\_\_ Information related to the scheduling of meetings or other appointments

\_\_\_\_\_ Information related to billing and payment

\_\_\_\_\_ Information that is clinical in nature (e.g. treatment summaries, diagnosis)

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Please list your preferred email and phone number:

\_\_\_\_\_ Email

\_\_\_\_\_ Phone Number (cell)

\_\_\_\_\_ Phone Number (land line/VOIP)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are there limitations about what you would want me to share via text, email, voicemail, etc.? Please share below. I want to ensure we are on the same page.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will discuss the options you opted into in our meeting including the clinical utility of communicating in any of the ways mentioned above to decide together if we want to include them in your treatment. Should we decide to share more than basic administrative materials electronically,

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we need to discuss it first in session so that we can weigh the pros and cons. The delivery of any electronic communication can be intercepted, misdirected, or delayed. Decisions about this should be thoughtful, collaborative, and mutually acceptable.

### Confidentiality Policy in Emergencies

Should you enter a medical or psychological emergency, I need to know your location so that I am able to get help to you. Please share the location from which you will be conducting our sessions. Please provide appropriate local emergency services to me in the form of your contact list and also give &/or keep a copy where your personal emergency contact(s) can access it also. If you are a couple or family unit, please provide a copy to an emergency contact who does not live with you.

### Physical Location of Patient Receiving Services:

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**Please sign below** to indicate that you agree to share your location with me at the beginning of session should it be different from the one listed above.

\_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contacts

Should you need physical or emotional assistance (e.g. approaching a psychological emergency but not at the threshold of needing to be hospitalized or feeling dizzy but not in need of an ambulance), I would like to be able to contact someone to assist you. **Please name two emergency contacts**, their relationship to you, their phone numbers, and email address. By signing below, you agree that

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I may, but am not required to, contact either of these people if I am concerned for your safety. In the case that I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

Name, Relationship

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Phone number, Email

---

Name, Relationship

---

Phone number, Email

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### International Patients- Emergency Contacts

Please ensure that your emergency contacts speak both English and the native language of the country you are living in so that I am able to get help to you.

Please include your contacts' WhatsApp profile/ contact information (or other agreed upon international calling plan)

Name, Relationship

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Phone number or WhatsApp Contact/Profile, and Email

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Name, Relationship

---

Phone number or WhatsApp Contact/Profile, and Email

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Please also list below major country and in-country local contacts I may need in order to get help to you (e.g. Embassy, medical transportation process/contact information; mental health resources you or I could use in case of emergency, etc.). Please provide context, names, and relevant information about each in English and in your country's language and letters.

Name & Location of Contact (Embassy, medical transport, mental health resources, your health care provider/ prescriber, etc.) in English and in your country's language and letters.

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Contact Phone number (with full international country code) or WhatsApp Contact/Profile, and Email

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Name & Location of Contact (Embassy, medical transport, mental health resources, your health care provider/ prescriber) in English and in your country's language and letters.

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Contact Phone number (with full international country code) or WhatsApp Contact/Profile, and Email

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Note if additional contacts/ resources are attached, or if they are all in separately attached document:

### Dual Relationships

Not all dual relationships are unethical or avoidable. However sexual involvement between therapist and patient is never part of the therapy process, nor are any other actions or dual relationship situations that might impair your clinician's objectivity, clinical judgment or therapeutic effectiveness, nor that could be exploitative in nature.

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on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

### Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of you (the patient) and I. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case or arbitration, the arbitrator will determine that sum.

### Agreement

By signing below, you acknowledge you have read the proceeding information, understand your rights as a patient, and agree to psychotherapy services under these conditions. Additionally, your signature below indicates that you understand that I, Tara Gilmaher, M.A., LMFT: CA #121152 & NV #4012-R, am an independent practitioner; therefore, the providers I contract with (e.g. my video software, my billing software, billing service, etc.) are not responsible for or involved in your (the patient's) care or treatment. Once again, patient agrees to hold Tara Gilmaher, M.A. and Dr. Kristi Walsh, Ph. D. free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and date to signify that you have read and understand the Privacy Statement Document included with this paperwork by law (HIPAA):

\_\_\_\_\_  
Signature (Adult or Minor Aged 16 or older)

Tel: 818.964.1569  
Telehealth Informed Consent  
Rev. 12/15/21

\_\_\_\_\_  
Date

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Signature \_\_\_\_\_ Date \_\_\_\_\_

### Technology How To

Most patients opt in to receive invitations to sessions via email or text (please remember if you consent to receive invites or confirmations, therapist is not able to guarantee confidentiality of these communication methods). If this is the case for you, you'll receive an email from my video software (currently Zoom as of October 2020) with a link to download the software. It takes just seconds. Then, prior to our meeting, you will receive a reminder with a link to log in to the waiting room at our appointment time.

I encourage patients to do a test log in prior to our appointment to make sure that everything is working well on their side. Patients can check that their mic, speakers, and video are working this way. The Zoom troubleshooting team are fantastic so if you run into any trouble, just give them a call.

It takes a few seconds after you log into the waiting room for us to show up on each other's screens. That's normal. If it seems to be taking an inordinate amount of time, feel free to text, email, or call me so that we can troubleshoot together.

Please be sure to EXIT out of any programs that steal bandwidth prior to our sessions. QUIT (don't just minimize) skype, carbonite, google drive back up, or any other cloud backup service. Please ensure that no one in your home is streaming video or playing graphic heavy online video games as this will decrease our internet connection.

Please be sure to EXIT our session- EXIT/ Turn Off any and all methods we may have used to communicate to make the technology/ bandwidth work (phone, virtual video software, headsets, etc.). If you find for any reason our connection remains live (and especially if someone else joins my virtual meeting space) EXIT IMMEDIATELY to protect your own, my, and anyone else's confidentiality.