

*Risa L. Davis-Ganel, LCMFT*  
*Licensed Clinical Marriage and Family Therapist*

*St. John's Station, Suite F*  
*3355 St. John's Lane*  
*Ellicott City, Maryland 21042*  
*443-865-0298*

<http://risaganel.com>

**Marriage Check Up**  
**Informed Consent**

Welcome to my office. This document contains important information about the Marriage Check Up, my professional services and business policies. Please read it carefully and let me know if you have any questions. Once you sign the acknowledgement of receipt of this document, it will constitute a binding agreement between us.

**The Marriage Check Up**

- The marriage check up consists of two appointments: 1) an initial interview exploring your relationship history, strengths and problem areas, and 2) a feedback interview with recommendations tailored to your specific relationship.

**Use of Your Marriage Check Up Information**

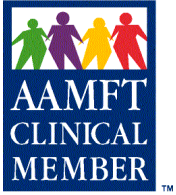
- You are free to use the information from this marriage check up as you wish.
- Research has shown that many couples are able to enhance the quality of their marriage following a marriage check up without further need for outside intervention. In other cases, a referral for marital therapy may be recommended, in which case, I will provide you with several referral options. There is no obligation to continue working with me.
- If marital therapy is appropriate and you choose to seek such services from me, I usually work within a short-term model of therapy (i.e. 1-12 sessions). The number of sessions needed varies depending on the nature of each person's concerns, the complexity of the issues involved, the strength of our working relationship, and each person's commitment to work on the presenting issues. There is a direct relationship between effort applied between sessions and progress over time.

**Fees**

- **The fee for the marriage check up is \$325 to be paid in full at the first session.**
- Should you wish to utilize my services after completion of the marriage check up, the fee for subsequent 50-minute sessions is \$140. **Payment in full is expected at the time of service.** If longer sessions occur, the fee will be prorated.
- Fees for additional time, or services including travel time, will be billed at \$140 per hour. Such additional services may include, but are not limited to, consultation with other professionals, preparation of reports or correspondence, any necessary depositions or court appearances, school meetings, and phone calls lasting over ten minutes.
- I do not bill insurance companies directly, but will provide a statement of services for you to submit to your insurance company at your request.

**My Qualifications**

- M.S. in Marriage and Family Therapy from the University of Maryland at College Park
- B.A in Psychology from Hofstra University
- Clinical Member of the American Association for Marriage and Family Therapy
- Executive Board Member of the Middle Atlantic Division of the American Association for Marriage and Family Therapy



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**Frequency of Visits**

- Weekly or bi-weekly 50-minute sessions are most common.
- Frequency of sessions is based largely on your needs and situation.

**About Privacy**

- All information you share with me is private and confidential.
- I will not release your information to anyone without your written permission.
- If any information is to be released I will consult with you about what is released.
- Your information will be kept on file in a secure and private location.
- You may review the contents of your file upon request.

**Exceptions to Privacy**

- There are certain situations in which a **therapist is required by law to reveal information** obtained during therapy. Disclosure is required by law in the following circumstances:
  - a. A reasonable **suspicion of abuse/neglect of a child or vulnerable adult**. A report will be made to the appropriate protective agencies.
  - b. When you **threaten grave bodily harm to others**. As a therapist, I have a duty to warn those you have threatened and or to contact law enforcement.
  - c. When you are **suicidal or threaten significant bodily harm to yourself**. I have a duty to obtain help from others such as family members or other professionals to do what is necessary to keep you safe and/or to contact law enforcement.
  - d. When a court of law issues a legitimate **court order** (signed by a judge).
- When you are in a **probation/parole period** or other legal situation that would require

**Your Signature**

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I have been informed of the procedures and conditions as outlined in this letter. I have had an opportunity to discuss these procedures and conditions with the therapist and I am satisfied that my questions have been answered to the extent possible. I accept the help offered within the parameters set by these procedures and conditions.

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Name	Signature	Date
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Name	Signature	Date
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