

**C. Maxwell Gale, Psy.D.**  
Licensed Clinical Psychologist

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**OUTPATIENT SERVICES CONTRACT**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it represents an agreement between us.

**PSYCHOLOGICAL SERVICES:** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**MEETINGS:** A typical therapy session involves 45 minutes of direct therapy, 5 minutes to arrange for the next appointment and 10 minutes for me alone to document your session and plan for the next session. A new client can expect me to begin the therapy process by conducting an evaluation over 2 to 4 sessions involving gathering information through interview and at times, structured inventories that lead to the development of a treatment plan. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we agree to begin a psychotherapy process, I will usually schedule one [45-minute] session (one appointment hour of [45] minutes duration) per week, at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours [days] advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. [If it is possible, I will try to find another time to reschedule the appointment.]

**CONTACTING ME:** My business cell is 801-230-3205. My email is [Max@summitprogroup.com](mailto:Max@summitprogroup.com). I am often not immediately available by telephone. Though I am usually in my office between [9 AM and 5 PM], I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by an answering service [i.e. voice mail] that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In an emergency if you are unable to reach me during office hours and feel that you cannot wait for me to return your call, contact your family physician, the UNI Crisis Hotline at 1-801-587-3000, or the nearest emergency room and ask for the psychologist [psychiatrist] on call. When applicable, an Electronic Communication Policy will be provided separately outlining issues related to telepsychology.

**CONFIDENTIALITY:** In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions when I am required by law or by the guidelines of my profession to disclose information, whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- Client/patient tells me they plan to cause serious harm or death to themselves, and I believe they have the intent and ability to carry out this threat in the very near future. In this circumstance I must take steps to keep the client/patient safe including contacting and disclosing information to client/patient police or psychiatric hospitalization services.
- Client/patient tells me they plan to cause serious harm or death to someone else, intentionally (e.g. homicidal thoughts) or unintentionally (e.g. drinking and driving, sexual relations when client has a communicable disease), and I believe they have the intent and ability to carry out this threat in the very near future. In this circumstance I must take steps to keep the client/patient safe including and disclosing information to client/patient police or psychiatric hospitalization services as well as I may be required to inform the person who is the target of the threatened harm.
- Client/patient tells me, or I otherwise learn that, it appears that a minor (i.e. child under 18 years old) or elderly/mentally impaired adult is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, I am [may be] required by law to report the alleged abuse to the appropriate state child-protective agency.
- In some situations, the client/patient tells me information about a criminal act; that information may need to be disclosed to police.
- In some situations, I am ordered by a court to disclose information.

**ACTIVE CLIENT STATUS:** Any client attending therapy at least once in a six week period is considered an active client with the account open for ongoing scheduling of sessions. At the time six weeks passes from a client's prior attended appointment the status of the account transitions to inactive and the account is closed with any unpaid balance immediately due. Any future scheduling is subject to placement on the wait list for no guarantee of time frame for returning to active client status. If crisis management services are needed for an active status client or client discharged from care they should call 911, or visit their local emergency room or call the UNI Crisis Line at 801-587-3000.

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**RELATIONSHIP THERAPY SPECIFIC (I.E. THERAPY INVOLVING TWO OR MORE PERSONS)**

Relationship therapy with a couple, partnership or family works best when the focus of my work is on the relationship. When working with you, it is expressly understood that my client is your relationship and each of you as individuals. In order to maintain fidelity to both of you and to your relationship, I ask for your consent on the following agreements.

*No Secrets Policy:* When a couple or family enters into counseling, it is considered to be one unit. This means that my allegiance is to the couple “unit,” and not to either partner as individuals. I find this is particularly important in creating a space where both partners or family members can feel safe. Therefore, I adhere to a strict “No Secrets” policy. This means that I will not hold secrets for either partner or family member. This policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. On occasion during the counseling process, individual partners/members may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple’s or family counseling relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple or family. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple’s or family session, I may determine that it is necessary to discontinue the counseling relationship with the couple or family making appropriate referrals for ongoing therapy if desired. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/family counseling relationship.

*Court Proceedings/Subpoena of Records:* It is understood that the purpose of couples/family therapy is for the amelioration of distress within a relationship. Therefore, if both partners/members request my services as a psychologist, they are expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit. Likewise, neither party shall for any reason attempt to subpoena my testimony or my records to be presented in a deposition or court hearing of any kind for any reason, such as a divorce case.

*Release of Records:* Partners and/or family members must provide their consent to release couples/family counseling records. If one partner or family members does not provide consent, records will not be released.

*Course of Treatment:* The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at her or his individual request.

Your signature below indicates that you have read the entirety of information in this four page document and agree to abide by its terms during our professional relationship.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_