

Pauline Jarakian M.S. MFT

1102 Sanchez St.

San Francisco, Ca. 94114

415 246-4117

## **INFORMED CONSENT REGARDING CONFIDENTIALITY AND OFFICE PROCEDURES**

### **CONFIDENTIALITY**

All information discussed during the course of therapy is confidential and may not be released without your written permission except required by law. These exceptions to confidentiality arise when the therapist has reason to believe that the patient is in danger of hurting himself/herself or someone else and or the therapist has suspected knowledge of child abuse, elder abuse or dependent abuse.

### **TELEPHONE and EMERGENCY PROCEDURES**

If you need to contact me between sessions, please leave a message on my voicemail at the above number. If your call is of an urgent matter you may page me by pressing the number 5 after calling the above number. Please note: If you have an emergency please call 911.

### **NATURE OF THERAPY**

With the focus being in the here and now we can look at one's relationship with self, others and one's experience in the world. The understanding of one's primary experience with family of origin is an important part of this work, with emphasis, however on making internal shifts that lead to more satisfying experiences and fulfillment in life. We will look at factors that are maintaining current problems and collaborate together to establish goals for our therapy. At times there may be some painful or unpleasant feelings that surface and this is to inform you that this may be part of the process that leads to positives outcomes.

### **INFORMED CONSENT SIGNATURE:**

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Patient

Date

