

**Peter Gold, PhD, LMHC**  
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**P: 503-806-9680 F: 360-989-1166**

**Office Policies, General Information, and Consent for Psychotherapy**

**PHILOSOPHY AND APPROACH:** My aim is to help you diminish internal conflicts, reduce unnecessary suffering, and create more satisfying experiences. I approach the work with four fundamental goals: (1) Relieve symptoms; (2) Heal trauma; (3) transform core issues; (4) Promote sustainable well-being. By addressing the underlying dynamics that generate symptoms, their intensity can wane and the patterns that created them can evolve. One of my specialties is an experiential method that utilizes meditative movement. It can supplement our work if you choose. Ultimately, I seek to support your healing, transformation and growth by guiding and encouraging your mental health.

**FORMAL EDUCATION AND TRAINING:** Ph.D. in Depth Psychology with an Emphasis in Depth Psychotherapy from Pacifica Graduate Institute, M.A. in Counseling Psychology from Pacifica Graduate Institute; B.A. in Philosophy from Kenyon College. My graduate studies emphasized the importance of working with the underlying psychological dynamics that cause symptoms and embodied therapy for trauma survivors.

**CONFIDENTIALITY:** All communication between you and I within sessions and all records and files are confidential and will not be revealed to anyone without your expressed written permission except where required by law in cases of reasonable suspicion of child or elder abuse; danger of violence to self or others; or as a result of a legal proceeding. I am committed to protecting your privacy and will go to the length of the law to defend it. During confidential supervision and consultation sessions—which I use to provide you with the best care possible—I may discuss some of the dynamics surrounding our time. I will maintain your anonymity and uphold the confidentiality of our sessions.

**OFFICE HOURS:** My office hours are from 10 a.m. to 8 p.m. on Monday, Wednesday and Friday. If you need to contact me between sessions please leave a message and I will return your call as soon as possible.

**OUT OF SESSION TIME:** After 10 minutes talking with you and/or writing to you between sessions, you will be charged your prorated regular fee. If you need a letter or report written I am happy to do so at the normal session fee rate.

**APPOINTMENT AND CANCELLATION POLICY:** The scheduling of a session involves the reservation of time specifically for you. Except for genuine emergencies, if you cancel your session less than 24 hours before the scheduled time, or if you miss your session, you will be charged the full fee for your scheduled session. ***This includes insurance appointments.*** Because insurance won't pay for missed sessions the burden will fall upon you.

**SESSION FEES & LENGTH:** My normal rate is \$235 for 50-minute sessions. Payment is due in full before or at the beginning of each session.

**PAYMENT:** You can use cash, checks, Zelle (peter@petergoldtherapy.com), or Venmo (pmgphd) or Paypal (peter@petergoldtherapy.com). If for any reason insurance cannot or does not cover your session, you will be responsible for the full session fee of \$235.

**LENGTH OF THERAPY:** I work with people weekly on a long-term basis on the same day(s) at the same time(s). Four to six months is a good initial trial period. That said, you or I can terminate sessions at any time; all I ask is that if we decide to stop we have one closure session to honor the work we've done.

**MISSED SESSIONS:** Same day and time for sessions cannot be guaranteed if two or more consecutive sessions are missed.

**VACATION TIME:** I take vacations. You should too. I will give you at least two weeks' notice when I plan to be away such that I would need to miss a session.

**REFERRALS:** I love them. If you think someone else might benefit from working with me please feel free to recommend my services. However, because of client—therapist confidentiality, I will not be able to confirm or deny their contact with me.

**ARBITRATION:** By signing this contract you agree to have any fee dispute or issue of professional malpractice decided by neutral arbitration and give up the right to a court trial. It is understood that any dispute as to professional malpractice will be determined by arbitration as provided by Oregon and/or law and not by a lawsuit. Any controversy or claim arising out of or relating to the provision of psychological services, including but not limited to fee disputes and disputes arising out of the professional relationship between the therapist and client, will be settled in accordance with the rules of the American Arbitration Association.

**COLLECTIONS:** If outstanding unpaid balance needs to be sent to collections client is responsible for collector's fee plus unpaid session fees. Out of pocket payment is required for no shows and cancellations within 24 hours.

I have read, understood these policies, and consent to treatment:

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Client Signature

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Peter M. Gold, Ph.D.

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Date

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Date