

Informed Consent-Client Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you may have so that you and I can discuss them at our next meeting. When you sign this document, it forms a contract that guides our working together.

Psychotherapy and Counseling Services

Psychological treatment varies depending on a number of factors. These include the specific needs, issues, history and personality of the client, as well as the training and personality of the therapist. While there are many methods I may use to address the issues you present, psychotherapy requires an active effort and commitment on your part. Together we can work to address the issues and challenges you are experiencing.

Psychotherapy can have many benefits and can also pose its own challenges. Since therapy often involves discussing conflicts and difficult aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, psychotherapy has been shown to have significant benefits for people who go through it. Therapy often leads to improved relationships, better decision-making, resolution of problems, and significant reduction in feelings of distress. Results vary from person to person.

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 initial impressions of what our work will include and goals we could work toward. Please evaluate this information along with your own assessment about whether you feel comfortable working with me. Please feel free to express any questions or concerns as they arise.

Communication

Between sessions, I am available for telephone communications with clients. Often, I am not available immediately by phone and messages can be left for me at the above telephone number. I routinely check my voice mailbox for messages during regular business hours and usually calls are returned within 24 hours. When you leave a message, please let me know some times when you will be available and the best number to reach you at during those times. Telephone communication requiring more than 15 minutes will be pro-rated at my hourly rate for standard sessions. Please note that telephone sessions are not covered by most insurance plans.

If you are in crisis or a life-threatening emergency, call 911 or go to the nearest emergency room and request to speak with a mental health professional.

Oftentimes, email and text is a good way to stay in contact with each other. However please keep in mind that no electronic communication is guaranteed to be private. I recommend using these forms of communication for the logistical aspects of our work – such as changing an appointment time. These forms of communication should not be used for emergencies.

If I will be unavailable for an extended time, I will indicate the length of my absence and inform you in advance.

Meetings and Cancellations

If you and I decide to work together, we will usually schedule one 45-minute session per week at a mutually agreed-upon time. Once this appointment is scheduled, you will be responsible for informing me at least 48 hours in advance if you need to cancel or reschedule. If an appointment is missed or cancelled with less than forty-eight hours notice, you will be responsible for the payment. If possible, we can try and schedule a phone session that week. If your health plan does not cover payment for missed appointments, you will be responsible for payment in full.

Professional Fees

My fee is \$250 for a standard 45-minute session, unless we agree to a different amount. Payment can be made in cash or check at the time services are rendered unless another payment arrangement has been discussed and agreed upon. On some regular basis, please be prepared that my rate will increase.

Billing and Payments

If your insurance accepts out-of-network care you are still responsible for full payment, and I will provide you with a monthly statement of fees paid so that you can seek reimbursement for out-of-network care. It is your responsibility to contact your insurance company to make sure you understand their policies and procedures about what is and is not covered.

Confidentiality

In general the law protects the privacy of all communications between a client and a mental health clinician and I can only release information about our work with your written consent. Those instances and a few exceptions are listed below:

- **INSURANCE COMPANIES.** If you use insurance to pay for therapy, the company will require me to provide some information about your treatment. The client authorizes release of information with his/her signature on this treatment agreement.
- **LEGAL PROCEEDINGS.** In most legal proceedings you have the right to prevent me from providing any information about your treatment. However, in some cases involving child custody and those in which your emotional condition is an important issue, a judge may order me to testify.
- **CONSULTATION.** Sometimes I find it helpful to discuss your treatment plan with another professional; however I do not disclose your name or identifying information. Additionally, any professional with whom I confer is also ethically bound to maintain client confidentiality. With your signature, you allow me to confer as needed with other professionals in my field of practice in the best interests of your treatment and with the discretion noted above.
- **FAMILIES, COUPLES and GROUPS.** When I work with more than one person at a time, it is impossible for me to insure that information that is shared remains confidential. Out of respect for each other and the treatment, it is important that members of the family, couple, or group agree to maintain each other's confidentiality. However, this is a voluntary agreement and is not binding by law. Additionally, if one of

you tells me something that you do not want the other to know, I cannot maintain that confidentiality if doing so is detrimental to the treatment.

- CHILDREN AND TEENS. For clients under the age of 18, please be aware that the law may provide your parents with the right to examine your treatment records. When possible, I will disclose the matter with you before I disclose any records to your parents and do my best to respond to any concerns you may have. I will encourage you to share information with your parents. I will periodically meet with your parent(s) to give them a general sense of what we have worked on.
- POTENTIAL HARM TO SELF OR OTHERS. If a client is demonstrating a genuine threat of inflicting serious bodily harm to another, I must take protective action such as notifying the potential victim, contacting the police, or seeking hospitalization for the client. If a client threatens to harm him or herself, I may alert appropriate individuals such as family members or emergency contacts who can provide protection and supervision of the client and/or recommend hospitalization of the client. The client presents a physical danger to self.
- ABUSE OR NEGLECT. I am required by law to report suspected abuse or neglect of a child, elderly person, or disabled person.

Informed Consent Agreement

Your signature below indicates that you have read in full the information in this document, we have discussed your questions and concerns, if any, and that you agree to its terms. Your signature indicates that you give your consent to treatment.

Client Name (Printed)

Client Signature

Date

Parent/Legal Guardian Name (Printed) - if applicable

Parent/Legal Guardian Signature - if applicable

Date