

Agreement for Service/Informed Consent to Treatment

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to discuss with therapist any questions that you may have regarding its contents.

About Psychological Services

Psychotherapy is a process in which the client and the therapist work together in order to help resolve problems. There may be a number of different approaches to resolve the issues you hope to address. In order to be most successful you will have to work on things that are being talked about both during therapy session and at home.

Psychotherapy has both benefits and risks. Therapy often leads to a significant reduction in feeling of distress, better relationships and solutions to specific problems. It also helps to identify your strengths and resources. Psychotherapy at times requires discussing unpleasant aspects of your life that may result in uncomfortable feelings and other unexpected results.

Information about your Therapist

I am a licensed Marriage and Family Therapist. Therapist works with adolescents and individuals struggling with depression and client's present circumstances. Clients examine the links between their feelings, thoughts, and behaviors. Clients also review their relationships with their families as well as relationships to others. Clients are encouraged to attempt behaviors and explore thoughts that they believe will lead to more fulfilling life.

Fee and Insurance

The fee for service is \$_____per individual therapy session.

The fee for service is \$_____per conjoint therapy session.

The fee for service is \$_____per group therapy session.

Individual sessions and conjoint sessions are 50 minutes in length. Sessions are set by the hour. Fees are payable at the time services are rendered.

Please inform therapist if you wish to utilize health insurance to pay for services. If your therapist is a contracted provider for your insurance company, your therapist will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist is happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any concerns or questions that you may have about this with therapist. Therapist at this time is only a contracted provider with TRICARE insurance.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Appointments and Office Hours

The policy regarding treatment services are:

- 1) Individuals/Families need to come regularly and on time to appointments. If you are late this will be taken out of your session. If an appointment needs to be cancelled, a twenty-four notice must be given or you will be charged for the missed session. In case of an emergency please contact therapist, fee will be discussed.
- 2) More than 2 consecutive missed appointments may be grounds for termination.

My office hours are Tuesday, Wednesday, and Thursday from 9:30A.M. To 7P.M. Mondays and Fridays I am at another location, however, you can leave a message and I will get back to you at my earliest convenience between the hours of 9:30A.M. To 7P.M... I do not work the weekends, however, you can leave a message and I will return the call the following Monday.

Confidentiality

In general, the privacy of all communication between a client and therapist is protected by law, and can only be released to others with your written permission. If you participate in marital or family therapy, Therapist will not disclose confidential information about your treatment unless all person(s) who participate in the treatment with you provide their written authorization. It is important that you know your Therapist utilizes a “no-secrets” policy when conducting family or couples therapy. However, there are a number of exceptions:

There are some situations in which the therapist is legally required to take action, which requires revealing some information of the client’s treatment.

- 1) If the therapist suspects that a child, an elderly person, or a disabled person is being abused then a report will be filed to the appropriate state agency.
- 2) If the therapist believes that a client poses a serious threat of harm to him/herself or is engaging in serious self-destructive activity, s/he may be required to contact family members or others who can help provide protection or to seek hospitalization for the client.
- 3) If a client communicates a threat of serious bodily harm to another, the therapist is required to take protective actions, which may include notifying the potential victim and the police and/or seeking appropriate hospitalization.
- 4) A federal law known as the Patriot Act of 2001 requires therapist (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the Therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Records and Records Keeping

Therapist may take notes during session, and will also produce other notes and records regarding client's treatment. These notes constitute therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of the therapist. Therapist will not alter his/her normal record keeping process at the request of any client. Should client request a copy of therapist's records, such a request must be made in writing. The therapist reserves the right, under California law, to provide client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain client's records for ten years following termination of therapy. However, after ten years, client's records will be destroyed in a manner that preserves client's confidentiality.

Psychotherapist-Client Privilege

The information disclosed by client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between therapist and client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-client privilege. Typically, the client is the holder of the psychotherapist-client privilege. If therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, therapist will assert the psychotherapist-client privilege on client's behalf until instructed, in writing, to do otherwise by client or client representative. Client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional

state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

Termination of Therapy

Therapist reserves the right to terminate the client from individual/family therapy at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of the therapist's scope of competence or practice. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to client.

Disclaimer

All reasonable efforts have made to provide the clients with timely ethical and legal information. As the laws and other requirements of the field change from time to time, the clients are encouraged to seek advice from appropriate professionals, such as accountants, and attorneys, for issues that relate to their particular circumstances.

As in any other psychological or educational experience no guarantee or warranty can be made as to the successful outcome for any client. The success or failure of the individual clients is solely dependent upon the client's efforts and decision.

Acknowledgement

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. The client has discussed such terms and conditions with therapist, and has had any questions with regard to its terms and conditions answered to client's satisfaction. Client and Financial sponsor agree to abide by the terms and conditions of this agreement. Client consents to participate in psychotherapy with therapist. Moreover, Client and financial sponsor agrees to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Name (please print)

Signature of Client Date