

DISCLOSURE STATEMENT & AGREEMENT FOR SERVICES

Introduction

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

Information about Your Therapist

At an appropriate time, your therapist will discuss her professional background with you and provide you with information regarding her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation. Your therapist is a Licensed Marriage & Family Therapist, MFC #51673.

Fees & Insurance

The fee for service is \$100.00 per individual therapy session or \$125.00 per conjoint (couples/family) therapy session. Individual sessions are approximately 50 minutes in length, and conjoint sessions are approximately 70 minutes in length.

Fees are payable at the time that services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure or fee agreement. Please have your payment ready at the beginning of the session so that session time is not taken up with check writing, etc.

The agreed upon rate for therapy services is: \$_____ per ____minute session.

About insurance: Your therapist does not participate in insurance panels and neither bills nor accepts payment directly from insurance companies. Your insurance company may reimburse you for a portion of the fee of a non-panel provider. The amount of any reimbursement depends on the requirements of your specific insurance plan. Although your therapist is happy to provide you with a statement that you may submit to your insurance provider, please be aware that you are responsible for verifying and understanding your insurance coverage and the procedures required for any possible reimbursement. Please discuss with your therapist any questions or concerns you may have about this. 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.

Confidentiality

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in couples or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. In addition, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session or telephone conversation that you may have had with her, when working with other members of your family. Please feel free to ask your therapist about her "no secrets" policy and how it may apply to you.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, dependent adult or elder abuse and if you express a serious threat of harm to an identifiable person or persons, that person (or persons), and the police must be warned.

In addition, therapists may be required or permitted to break confidentiality under other circumstances such as:

- If a client presents an eminent danger to self or is gravely disabled (severely disoriented or in danger from a medical condition or medications);
- If there is reasonable cause to believe that a client is in such mental or emotional condition as to be dangerous to him or herself or to the person or property of another and the disclosure of confidential information is necessary to prevent the threatened danger;
- When a client's emotional condition has been raised as an issue by him/her or his/her representative in a legal proceeding;
- When information, records or testimony about a client has to be produced in the event of a court order or subpoena;
- If either the client or the client's therapist alleges a breach of duty arising out of the therapeutic relationship (e.g. if a client's account becomes delinquent and is sent to a collection agency the therapist is permitted to disclose to the collection agency information related to collecting payment). In the event that this happens, all fees including collections and attorney fees are the client's responsibility.
- Client consent is not needed for a therapist to discuss a client's case with a consultant as long as the client's identity is not revealed;
- When the client is under the age of 16 and the therapist has reason to believe that the client has been the victim of a crime and that disclosure of confidential information is in the best interests of the client;
- A federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers, documents and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Minors & Confidentiality

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Clients who are minors and their parents are urged to discuss with their therapist any questions or concerns that they have on this topic.

Appointment Scheduling & Cancellation Policy

An appointment is a commitment to the work. You and your therapist agree to meet and to be on time. If your therapist is ever unable to start on time, you will still receive the full time agreed to. If you are late, your session will probably be unable to meet for the full time as it is likely that your therapist will have another appointment or commitment after the end of regular session time.

Sessions are typically scheduled to occur once per week at the same time and day if possible. Your therapist may suggest a different frequency or duration of session depending on your individual situation. Psychotherapy is an important undertaking with immense rewards. It requires consistency and dedication. Our scheduled appointments are time that is reserved for you. You will not be charged for missed sessions with 24 hours' notice. However, if you cancel with less than 24 hour's notice or do not show up for a scheduled appointment, you will be responsible for paying the fee for the missed session. You are responsible for contacting your therapist if you need to reschedule an appointment that you are unable to keep. Please feel free to ask your therapist if you have any questions about this policy.

Therapist Availability & Emergencies

Telephone consultations may be suitable or even needed at times. You will not be charged for telephone calls lasting up to 15 minutes, and of course, there is no charge for calls about appointments or similar business. If a telephone consult is required that lasts more than 15 minutes, your therapist will charge your regular fee, prorated over the time needed. If your therapist needs to have telephone conferences lasting more than 15 minutes with other professionals as part of your treatment you will be billed for these at the same prorated rate as for regular therapy services.

You may leave a message for your therapist at any time on her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s) along with a brief message concerning the nature of your call and whether it is alright to leave a message on your answering machine. Non-urgent phone calls are returned during normal workdays (Monday through Friday) usually within one business day. If you have an urgent need to speak with your therapist, please indicate that fact in your message. Please be aware that your therapist may not be able to return your call within the time necessitated by your urgent matter. If you do not hear back from your therapist within the required time, please contact an emergency number as given on your therapist's voicemail greeting. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preferences by checking the choices listed below:

- My therapist may call me at my home.
My home phone number is: _____
- My therapist may call me on my cell phone.
My cell number is: _____
- My therapist may call me at work.
My work number is: _____

Please initial any of the above numbers at which it is acceptable to leave a recorded message.

- My therapist may send mail to me at my home address
- My therapist may send mail to me at my work address
- My therapist may communicate with me by email.
My email address is _____

About Therapy

It is your therapist's intention to provide services that will assist you in reaching your goals. It is sometimes the case that one will feel worse before feeling better. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. Therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with

you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determines that you are not benefitting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Client Signature

Your signature indicates that you have read this agreement for services carefully and understand and agree to its contents and have received an unsigned copy of this agreement. Please ask your therapist to address any questions or concerns that you have about this information before you sign.

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Print name of client: _____

If patient is a minor, please print name of person signing and relationship to minor:

Signature: _____

Date: _____