



Informed Consent for Therapy Services

THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to my practice. I am excited to work with you. This document contains important information about my professional services and business policies. We can discuss any questions you have when you sign this document, or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works, in part, because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

APPOINTMENTS

It is your responsibility to arrive at your session on time. If you arrive late, it is possible that your appointment will still end at the scheduled time.

CANCELLATIONS

If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. **If you miss a session without canceling, or cancel with less than 24-hours notice, I reserve the right to collect a \$100 cancellation fee** (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, we may be able to reschedule the appointment at another time.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. You also have the right to request that a copy of your records be made available to another health care provider via a written request.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled "Notice of Privacy Policies and Practices." You may have a copy of this document upon request. Please remember that you may ask for clarification regarding this policy at any time during our work together.

CONTACTING ME

I do not send or receive text messages. I may not be immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your Local Emergency Room or call 9-1-1. I will make every attempt to inform you in advance of any planned absences.

OTHER RIGHTS

If you are ever unhappy with what is happening in therapy, I ask that you talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to have a safe treatment setting, free from sexual, physical and emotional abuse.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read, understand, and agree to the Informed Consent for Therapy Services. A copy may be provided upon request.

Signature

Date

Printed Name